		1300
1	UNITED STATES DIS EASTERN DISTRICT	
3	X JOSE BAUTA, :	14-CV-03725(FB)(RER)
4	Plaintiff,	14-0V-03723(1 b) (NEN)
5	:	United States Counthouse
	-against-	United States Courthouse Brooklyn, New York
6	:	T
7	GREYHOUND LINES, INC., :	Tuesday, May 8, 2018 9:00 a.m.
8 9	SABRINA ANDERSON, AKOS : GUBICA, KAROLY GUBICA, AND : CAV ENTERPRISE, LLC, :	
10	:	
	Defendants. : : X	
11		
12	TRANSCRIPT OF CIVIL CAU BEFORE THE HONORABLE	RAMON E. REYES
13	UNITED STATES MAGISTRATE	JUDGE, AND A JURY
14	APPEARA	N C E S:
15	For the Plaintiffs: MCELFISH L	AW FIRM
16		for the Plaintiff -
17	122	East 42nd Street e 2100
18	New	York, New York 10168
19		D D. McELFISH, ESQ. DIAMOND, ESQ.
20		0.4874511 1.18
21	Attorneys	CARTMELL, LLP for the Plaintiff -
22		Grand Avenue
23	Kans	e 300 as City, Missouri 64112
24	BY: JONATH	AN P. KIEFFER, ESQ.
25		

	Proceedings 1301
1	APPEARANCES: (Continued.)
2	
3	For the Defendants: LEWIS BRISBOIS BISGAARD & SMITH, LLP
4	Attorneys for the Defendants - Greyhound Lines, Inc., Sabrina Anderson,
5	Akos Gubica, Karoly Gubica, and CAV Enterprise, LLC
6	1375 East 9th Street Suite 1600
7	Cleveland, Ohio 44114 BY: BRADLEY J. BARMEN, ESQ. THOMAS P. MANNION, ESQ.
8	THORAS F. HANNION, LSQ.
9	MARSHALL, DENNEHEY, WARNER, COLEMAN & GOGGIN
10	Attorneys for the Defendants - Greyhound Lines, Inc., Sabrina
11	Anderson, Akos Gubica, Karoly Gubica, and CAV Enterprise, LLC
12	800 Westchester Avenue Suite C-700
13	Rye Brook, New York 10573 BY: HAROLD L. MOROKNEK, ESQ.
14	STEVEN B. SAAL, ESQ.
15	
16	
17	Court Reporter: SOPHIE NOLAN 225 Cadman Plaza East/Brooklyn, NY 11201
18	NolanEDNY@aol.com Proceedings recorded by mechanical stenography, transcript
19	produced by Computer-Aided Transcription
20	
21	
22	
23	
24	
25	

1302 Proceedings 1 (In open court - jury not present.) 2 (The Honorable Ramon E. Reyes, Jr. Presiding.) 3 THE COURT: I want to cover two issues. 4 I have reviewed Colonel Smith's testimony, and originally, when the issue was raised, Mr. McElfish asked to have the 5 6 testimony stricken. I denied that request. I am going to 7 reverse myself. I am going to grant the request. 8 So pages 740, line 9 to 744, line 13, that testimony 9 is stricken from the record. 10 MR. BARMEN: I'm sorry, Your Honor, the page and 11 line one more time? 12 THE COURT: 740, line 9 to 744, line 13. I am going 13 to double check that to make sure I am right. Well, it is 14 really -- the testimony is through page 741, line 20. And then if you continue on to 744, line 13, that is our sidebar. 15 16 So that does not need to be stricken, but I am going to strike 17 that testimony, and I will tell the jury to disregard any 18 testimony from Colonel Smith on cross-examination about how 19 many people were injured, what were the other injuries, 20 because it is violative of the motion in limine ruling, and we 21 do not, therefore, need to hear testimony from Mr. --Osborn. 22 MR. McELFISH: 23 THE COURT: -- Osborn or any other person that was injured on the bus. 24 25 MR. McELFISH: On that point, Judge, can there be an

order precluding argument on that in closing?

In other words, testimony stricken, Osborn doesn't come in, they get up and go, Well, people in the back of the bus weren't hurt. So we are asking for an order to exclude that.

MR. BARMEN: If it's not in, I can't argue it.

THE COURT: There you go.

MR. McELFISH: Thank you.

already know about this, but I hear through the grapevine that it has been resolved. I would like to know how it has been resolved. We received -- just let me finish. We received a letter from Mr. Ehrenberg, who represents the witnesses Vasile, Vargas, Ramirez, Rampersaud and Rambirch, expressing the difficulty in having them all come on one day, asking that they come on two days. And -- well, asking that they either be compensated or come on two days. I was going to grant this, what I consider to be a motion to modify a subpoena, have them come on two days, but I would like to know what arrangements you have made.

MR. BARMEN: Thank you, Your Honor. Mr. Saal has been in frequent communication with Mr. Ehrenberg. There is an agreement to split it up over two days. I believe it will be Thursday, Friday of this coming week, but Mr. Saal can speak to the specifics. The bottom line is, I believe the

1304 Proceedings issue that he has raised has been resolved by agreement. 1 2 THE COURT: Great. 3 MR. McELFISH: On that issue, two things. One, we 4 received communication from -- I don't know who it was from, Ms. Diamond has it, but it basically was to the point where I 5 6 believe it was Ms. Rambirch that is unable to appear at all 7 due to some medical issue. She is one of the people 8 referenced in Mr. Ehrenberg's letter. So I have been told by 9 the defense they are going to give me some designations to the effect of that. 10 11 The other thing I would ask for on the remaining 12 three witnesses is some proffer as to what they are calling 13 them for, because based on their depositions, as I said in the 14 motions in limine, it doesn't seem relevant to me, and the concern and the request for the proffer is, I don't want them 15 16 getting into insurance issues and Emblem. When I try to talk to them about what the proffer is, I'm told shenanigans, 17 18 Emblem, Medicaid. That's out, that's post-trial. 19 So I just kind of want to get an idea where it's 20 going, and if it's relevant and it's not violative of the 21 motion in limine, it is what it is. 22 THE COURT: I think that's fair, to give him some 23 idea what these witnesses are being called for. 24 MR. BARMEN: But it is in the oppositions that we 25 filed. It's relevant to -- because, as Your Honor is

1305 Proceedings 1 certainly aware, one of the things we're arguing is, the bills 2 are highly inflated because this place, particularly West --3 34 West 110th is a mill, and all these people that 4 Dr. Ehrenberg, or Mr. Ehrenberg sent the letter on represents these people. Now, they've all testified that they're all 5 6 separate entities, but just the fact that they sent a 7 letter -- that if the receptionist has to come and the biller 8 has to come, that the whole office would potentially shut 9 down, supports our belief that they're not separate entities. 10 And how they bill, how they refer patients back and forth, how they keep records, the way they track patients when 11 12 they come in is certainly all relevant to our argument and our 13 belief --14 THE COURT: That the bills are inflated? MR. BARMEN: That the bills are severely inflated. 15 16 That the treatment was way over the top in terms of what was 17 reasonable and necessary, for the purpose of inflating the 18 bills. 19 Mr. McElfish has been aware of this for the last 18 months, when we've been doing these depositions, as to what 20 21 our theories are and what the proof, we believe, shows. 22 THE COURT: And are you going to get into issues of Emblem and Medicaid? 23 24 MR. BARMEN: No. Of course not. 25 MR. McELFISH: Here is the problem.

MR. BARMEN: They didn't bill through -- he had -- part of the issue is, he had medical coverage during part of this time he was treating. They didn't submit it there.

THE COURT: And so because this was not submitted and because Mr. Bauta did not pay them for it, yet they have a lien on this case?

MR. BARMEN: Yes, Your Honor.

MR. McELFISH: Here is the problem: The requirement on proof for what you call inflated bills is actually called reasonable and customary.

In every state in every court, you have to have -even federal -- you have to have some competent proof
testimony qualified by a witness with foundation as to what
the reasonable cost of the services are. You heard a little
bit in terms of future care yesterday from Ms. Cummings. And
she goes, for instance -- and she admits this freely, she goes
to a referral guide for this case, but now she goes to
FairHealth.org. That's how courts and juries receive the
reasonable and customary costs of care.

Now, on that point, the defense hired three medical experts, Judge, all of which could have opined on the reasonableness and customary cost of the care. One for orthopedics, two for neurology, and three for neuropsychology, to opine on the three main areas of treatment and care, and not one of these experts had an opinion that -- at all. They

```
1307
                               Proceedings
    didn't have any opinion. They weren't given the bills to
1
 2
    evaluate. They were told that that was not the scope of
 3
    their --
 4
              THE COURT: It is not their burden of proof.
              MR. McELFISH: I'm sorry?
5
 6
              THE COURT: It's not their burden of proof, it's
7
    your burden of proof.
8
              MR. McELFISH: No, and I can meet that. By my point
9
    is, for them to counter with any standard of proof at all,
10
    they can't just go in and say, well, your bills were high.
11
    That doesn't make any sense.
12
              THE COURT: Why not? If --
13
              MR. McELFISH: There is no foundation. In other
14
    words, if this medical facility --
15
              THE COURT: If this medical facility, the day he
    checks in for whatever treatment --
16
17
              MR. McELFISH:
                             Right.
18
              THE COURT: -- bills every single doctor that is in
19
    their umbrella group, whether or not he has seen that doctor
20
    or not --
              MR. McELFISH:
21
                             That is a different issue, but --
22
              THE COURT: -- but --
              MR. McELFISH: That is a different issue.
23
24
              THE COURT: -- is that part of what you are getting
25
    at?
```

1308 Proceedings 1 The way they track their medical care MR. BARMEN: 2 and bill it is, there's a sign-in sheet at the front: I am 3 going to see so and so doctor today, I'm signing in. And then 4 they come back and write what the treatments were on those sign-in sheets, and they bill it that way. I mean, it makes 5 6 absolutely no sense from a reasonability standpoint how this 7 place operates. The jury has already been told that Mr. Bauta 8 was sent to this facility by attorney Colbert a week after the 9 accident. There is a reason the lawyer sent him there. 10 We certainly have the right to argue that once he 11 was sent there, he was sent there for a reason, to be sent 12 around the mill to treat with chiropractic, and the 13 psychiatric and orthopedic, everything under this one roof. 14 They sent him from here to here to here to here. 15 THE COURT: And Dr. Mobin is going to testify that 16 it's all reasonable and customary, all right? 17 MR. McELFISH: I don't feel comfortable sitting when 18 I'm talking to you. I apologize. 19 THE COURT: It's all right. 20 MR. McELFISH: But here's the point --21 THE COURT: Dr. Mobin is going to testify that this 22 whole list that you have just given me, it is all reasonable 23 and customary? 24

MR. McELFISH: Yes, but I want to make a different point. What he's arguing is no problem from a proof point of

25

1309

view, where he can say, well, the billing is not accurate. 1 2 The way they track patients is weird, whatever. That's a 3 different issue than saying -- because he started out by 4 telling you in his proffer the bills are inflated, they're not reasonable and customary. That's a different legal issue that 5 6 goes to the jury. It's just like, is the medical care 7 reasonable and necessary. You have to have expert opinion 8 with foundation to establish that.

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

So whether or not -- how they track the people has nothing to do with whether or not the pricing for each service, for instance, matches the databases in FairHealth.org or United Healthcare or these other -- there's several different ones. Optum is another one. He is going to try and argue that the bills are inflated and too much money. That lacks foundation. That is my objection.

If he wants to beat up on the receptionist because she wrote down that he went to see Dr. Gutstein or whatever, that is a different issue. I am talking about the actual pricing per service, just like you heard Ms. Cummings talk about.

THE COURT: So then you do not have a problem with him calling these witnesses.

MR. McELFISH: Not on those issues, but if he is going to try to say, for instance, Oh, they saw Dr. Gutstein and that was \$300, that is an inflated number, isn't it?

1310 Proceedings There is no foundation for that. That is my point. 1 2 want to beat the witnesses up because of how they run the 3 office, I think that's 403, but that is a different issue. 4 You have to have an expert. I will allow the witnesses to testify. 5 THE COURT: Thank you, Your Honor. 6 MR. BARMEN: 7 MR. McELFISH: Subject to? 8 I will allow the witnesses to testify, THE COURT: 9 and we will work out the objections on the fly. 10 All right. Miriam said that there are other issues 11 you want to discuss? 12 MR. McELFISH: Well, I handed up -- what we did last 13 I've been trying to meet and confer on this for 14 months, it feels like. We have what's in the exhibit list as 15 305 for ID, and it is a 25-page accumulation summary of all 16 the bills. They were provided to Dr. Mobin when he testified, 17 excluding, of course, Dr. Thomas, because Dr. Thomas is a --18 there is some fine line about whether or not neuropsychology 19 is outside the scope of a neurosurgeon, because he does do a 20 lot of brain work and brain injury work. But excluding 21 Dr. Thomas, for instance, and his treatment and care, the 305 22 summary basically has been in the exhibits for months. 23 So last night, what I did was, I went through and I 24 made it a one-page document, which we can now mark as 305A, 25 which I've handed up. I intend to just basically ask

	Proceedings 1311
1	Dr. Mobin whether or not these bills have been reviewed and
2	whether they're reasonable and necessary, and I am trying to
3	avoid objections. So I am raising it now.
4	THE COURT: So you are going to show Dr. Mobin all
5	of these exhibits, ask him if he has reviewed those bills, and
6	whether they are reasonable and customary?
7	MR. McELFISH: I can do that if required, sure.
8	THE COURT: Well, there has to be if this is a
9	summary
10	MR. McELFISH: Yes.
11	THE COURT: there has to be an evidentiary basis
12	for it.
13	MR. McELFISH: Sure.
14	THE COURT: So you can't unless there is a
15	stipulation that
16	MR. McELFISH: Well, I can't imagine
17	THE COURT: all of these bills, that they have
18	been reviewed by Dr. Mobin and they are reasonable and and
19	all the charges are reasonable and customary. Unless they
20	agree to that, you are going to have to fight it out over each
21	bill.
22	MR. McELFISH: No problem. Now, here is what
23	happened. This is really more of an out of the presence
24	issue, is that during Dr. Mobin's first deposition in
25	October of 2016, he was provided with all these bills and

Proceedings

thousands of pages of documents. Mr. Barmen came to California, took his deposition, did not ask him in the deposition about the bills. I asked him about the bills. I went through a couple of the bigger ticket items so that it was in the record. And then I just, so we weren't there for two days, I said, Have you reviewed the rest of the bills? He said, I reviewed everything. They're all reasonable and necessary.

Here is my point: He provided a CD-ROM to the court reporter and/or Mr. Barmen -- I don't want to say that it was given to Mr. Barmen, but it was given to the court reporter, and it was not produced as a exhibit that's marked here, but it is clearly in the record that the CD of all the bills was given. So I am just trying to avoid objections and games and whatnot during the -- in front of the jury -- to try and iron out if there is any objections to foundation and things of that nature, whether or not it was produced and those types of things. In terms of just putting it in, it is going to take all day, as I said, but no problem.

THE COURT: I don't know why it would take all day. You have 20, 25 bills.

MR. McELFISH: Well, it can take all day because what happens is, with each bill, you have to lay foundation as to what he reviewed, what his background is on it, how he sees it as reasonable and customary, where it is in the database.

1313 Proceedings 1 It takes time, but no problem. 2 It won't take all day, but when you add it to 3 everything else, it does take time. 4 MR. SAAL: Your Honor, our entire issue with this summary is that, one, it's not accurate. I went through the 5 numbers myself, and I am adding it up. It did not come out to 6 7 the 720,000 that the summary says it comes out to. I came out 8 to about 680,000. 9 There are also matters that we dispute on that. 10 There is inaccuracies. There's duplication. There is statements regarding this doctor billing X amount that is not 11 12 reflected in any of the bills. So our position has always 13 been, we have medical bills. This can be laid through the 14 medical bills and the jury can total them up. The summary is 15 unnecessary. It doesn't add anything. It's, at best, 16 cumulative, and it doesn't give anything evidentiary that isn't already there in the medical bills, if the medical bills 17 18 are substantiated. 19 We had this issue before with a summary that was 20 provided in --21 So you are saying that, in part, the THE COURT: 22 total of all of these bills does not equal \$721,268.33? 23 MR. SAAL: My apologies, Your Honor. If that is the

MR. SAAL: My apologies, Your Honor. If that is the document that Mr. McElfish e-mailed this morning, I actually have not had a chance to look at it. I was looking at the one

24

25

	Proceedings 1314
1	that was marked.
2	MS. DIAMOND: The total is the same, Your Honor.
3	MR. SAAL: Okay. I just don't know how you
4	condensed it. If someone has a copy of that for me.
5	MS. DIAMOND: I condensed it by provider, but the
6	total is the same.
7	MR. SAAL: Thank you.
8	THE COURT: Did the numbers
9	MR. SAAL: Some, yes.
10	THE COURT: the internal numbers change? I am
11	actually addressing to this Ms. Diamond.
12	MS. DIAMOND: No, Your Honor. All I did was,
13	Exhibit 305 is broken down by date of service, and so there's
14	multiple for instance, for Dr. Vasile, there's multiple
15	entries for him for each date of service and what he charged
16	on that date.
17	THE COURT: There is no Exhibit 305 on this.
18	MS. DIAMOND: I'm sorry, what?
19	THE COURT: Is this Exhibit 305?
20	MR. McELFISH: That's going to be marked 305 is
21	in the electronic and the paper versions; you should have it.
22	But it's the 25-page summary of all these bills, broken down.
23	THE COURT: What is this that you gave me?
24	MR. McELFISH: So we took the 25 pages, and to make
25	it simple, we've collapsed it into one page. So you are not

looking at 25 pages of service bills.

MR. SAAL: And, Your Honor, this summary is quite confusing. It doesn't have full names of physicians and facilities. It breaks out bills from facilities into multiple physicians, when the bills are done by the facility. So you have Winn, you have Chen, you have Alladin, except they're all on one bill. Either there's Irfan Alladin, P.C., there's Accelerated Surgical Center, and Barnard Surgical Center. And those are the three main facilities that were billing out of this pain management practice that Dr. Alladin owns. And it is broken up between these doctors, but that's not how it's broken up on the bills, which just creates more confusion.

There is something here along the lines for North
American Partners Anesthesia. That was paid for and billed in
the Franklin Hospital billing records for Mr. Bauta's surgery.
There is no bill that reflects 171,000, which is for
Dr. Cordiale for his surgical bill, which is in the summary,
and is reflected in this \$213,000 number.

There is no bill that says that.

MS. DIAMOND: Actually, Your Honor, I am going through their list of objections right now, and if you add up Dr. Cordiale's bill, which is exhibit, I believe, 373 -- that's just off the top of my head -- if you add up the date of service for 5/25/15, if you add up every charge, it does equal 171,000.

	Proceedings 1316
1	MR. SAAL: No, it comes out to about 43,000. There
2	is a little bit over 5,000 in charges. I can provide the
3	exhibit right now from New York Spine Specialists. There is a
4	few broken-up charges for the subsequent surgery.
5	THE COURT: See, this is the problem that I have had
6	with this case from the very beginning.
7	MR. SAAL: Our position is simple. Let's just do
8	the bills
9	THE COURT: No, no, no, let me finish.
10	You say yes, you say no. You say yes, you say no.
11	Well, the simple thing is, what is the total of his bills?
12	Are you saying it is 43,000 for Dr. Cordiale, and
13	you are saying it is 170-something thousand?
14	MR. BARMEN: Yes.
15	MR. SAAL: I can print the invoice right now, Your
16	Honor, that shows about 44,000. I think it may say 44,750.
17	I'd have to go look at it to see the exact.
18	THE COURT: I want to use Dr. Cordiale as an
19	example. Okay? You each need to show me all right, you
20	want to give a summary to the jury that Dr. Cordiale's bills
21	total \$213,650.
22	MR. McELFISH: I want to give
23	THE COURT: Show me where that is in the actual
24	backup now, right now.
25	MR. McELFISH: Judge

Proceedings 1317 THE COURT: 1 No. 2 MR. McELFISH: -- while they're looking --3 THE COURT: Show it to me right now. 4 MR. McELFISH: This is important. 5 THE COURT: If this total is wrong based on the 6 backup, because you are saying Exhibit 359 substantiates a 7 total of \$213,650; if that is wrong, this is not coming in. 8 MR. McELFISH: I want to explain. Please, let me 9 explain. 305 is what we have determined are what we can 10 locate for bills. I have been telling them for months, Tell me how it's not accurate, let's get a stipulation. 11 12 I'm not saying it's 100 percent accurate, I am saying --13 THE COURT: That is your job. That is not their 14 job. It is your job to make it a hundred percent accurate so 15 when they don't stipulate, you can come to me and say, Judge, 16 it's a hundred percent accurate. Here is the proof, I want to 17 get my summary in. That is -- you know the plaintiff always 18 bears the burden of proof. 19 MR. McELFISH: Mr. Saal, do you have a number that 20 you think is accurate? 21 MR. SAAL: Based on my review of the billing records 22 and what was provided, what I came to is that your total added 23 up to about 680, and I came up with about \$201,000 that was 24 duplicated. 25 THE COURT: Listen, we are not going to total/total,

	Proceedings 1318
1	because the devil is in the details, right?
2	MR. SAAL: Thank you, Your Honor.
3	THE COURT: We are using Dr. Cordiale. You get
4	Dr. Cordiale's bills, what you say is the total for
5	Dr. Cordiale with the backup; you do the same. We are going
6	to hash that out. If it is not what is in this summary, the
7	summary is not coming in at all.
8	MR. McELFISH: No, I intended to make a new one once
9	it's hashed out, so that the jury has something simple.
10	THE COURT: And you better be prepared with
11	Dr. Mobin to go through each individual exhibit that has the
12	bills. I have reviewed them. I am a super expert, big
13	Beverly Hills guy
14	MR. McELFISH: 305.
15	THE COURT: No, 305 is not coming in.
16	MR. McELFISH: No, no, not to come in, Your Honor.
17	THE COURT: I have reviewed Exhibit 307 from William
18	Cameron Engine Company.
19	MR. McELFISH: Right.
20	THE COURT: That is customary and reasonable.
21	MR. McELFISH: Right, no problem.
22	THE COURT: Because they are not going to stipulate
23	to this.
24	MR. BARMEN: This is why we couldn't stipulate to
25	it, Your Honor.

Proceedings 1319
MS. DIAMOND: I think the problem may be, Your
Honor, we may have different billing records. That may be the
possibility.
THE COURT: How can that be? How can that be?
MS. DIAMOND: I don't know.
THE COURT: We are four years into the case and you
have different records, different documents?
That is unacceptable.
MS. DIAMOND: If Mr. Saal wants to sit down with me
and go over what I have for Dr. Cordiale and what he has for
Dr. Cordiale, then that could be worked out.
MR. SAAL: Frankly, Your Honor, I think it's
unnecessary.
MR. BARMEN: I think we should do what the judge
said. I think we should all give him our bills for Cordiale.
THE COURT: No, you are not going to give them to
me, you are going to walk me through it. I am not going to do
your work.
MR. SAAL: This is Greyhound Exhibit 431. Going
through
THE COURT: I have to apologize. You folks have
been but it is your fault. You guys have been working me
up so much. I am getting so frustrated. So, please, I know
you are all working hard, just chill out a little bit. It
will help me chill out even more and we will be okay. Okay?

1320 Proceedings So Plaintiff's Exhibit 431 or defense? 1 2 MR. SAAL: No, Defendant's Exhibit 431, Your Honor. THE COURT: 3 Defendant's Exhibit 431, I have it in 4 front of me. MR. SAAL: And if we go to page, I believe, 8 of 5 6 that exhibit, it's GLI Bates Number 42403, indicating the 7 total due from insurance. And it actually indicates that 8 number actually on each of the next two pages. 9 Now, Bates Number 42403 also lists out four 10 different charges amounting to the 38,000 that Dr. Cordiale 11 had billed regarding the second surgery. 12 THE COURT: Hold on, hold on. 13 So this -- I am just looking at GLI 042403 through 14 405. I see total due from insurance on each page as \$44,750. 15 Now, this clearly is a statement of account of three pages. 16 It says page 1 of 3, 2 of 3 and 3 of 3. So I assume that the 17 total from the three pages is 44,750. And is what you are 18 saying to me that in the plaintiff's summary, that they have 19 triple dipped \$44,750? 20 MR. SAAL: What I believe they did is they added a 21 \$171,000 surgical bill for Dr. Cordiale, which used to be 22 represented as an Emblem Health charge in the summary that was 23 turned over in discovery, and it's just not reflected -- it 24 was never reflected in any Emblem Health record we were 25 provided in discovery, and it is not reflected in the New York

	Proceedings 1321
1	Spine records also.
2	And just so the Court is aware, the first four pages
3	of the exhibit, which is a separate billing record for 15,000,
4	was something that was paid by a legal funding check that is
5	actually also in the exhibit. So there are two separate
6	billing statements. One for that 15,000 that had been paid to
7	that office, and then the remaining 44,750 that they are still
8	due.
9	THE COURT: To address your second point, the fact
10	that he may have paid a bill from some source doesn't mean he
11	can't recover the bill.
12	MR. SAAL: Yes. That \$15,000, that can be
13	submitted, but it certainly doesn't represent the 213,000 that
14	exists in this summary.
15	THE COURT: So this Exhibit 431. This again is
16	Defendant's Exhibit 431?
17	MR. SAAL: Yes, Your Honor.
18	THE COURT: This is your understanding of what the
19	entirety of the bills are for Dr. Cordiale?
20	MR. SAAL: It's for his office for New York Spine
21	Specialists. It was produced at the deposition of one of
22	their employees by their counsel.
23	THE COURT: As New York Spine Specialists' bills,
24	which is Dr. Cordiale's bills?
25	MR. SAAL: Correct.

```
1322
                               Proceedings
              THE COURT: So it consists of the 15,000 and the
1
 2
    44,750.
 3
              MR. SAAL:
                         Yes.
 4
              THE COURT: All right. So, therefore, your
    understanding is, Dr. Cordiale's bill is $59,750?
5
6
              MR. SAAL: Yes, Your Honor, including --
7
              THE COURT: But what about, he testified about other
8
    treatment, post-surgical treatment, right?
9
              MR. SAAL:
                         Those additional visits, Your Honor, I
10
    believe those are reflected -- if we go back to page GLI
    42403, there are additional post-surgical visits beginning on
11
12
    that page from June of 2015, and then on the next two pages,
13
    continuing through April of 2017.
14
              MR. McELFISH: Can I see what you're looking at?
              THE COURT: Didn't Dr. Cordiale -- there was another
15
16
    exhibit when he testified.
17
              MS. DIAMOND: Your Honor, it's Plaintiff's
18
    Exhibit 359.
19
              THE COURT:
                          359.
20
              MR. McELFISH: Yes. Look at 0006, Judge, 359.
21
               (Pause.)
              THE COURT: Okay, other than Plaintiff's
22
23
    Exhibit 359, where are Dr. Cordiale's bills as far as the
24
    plaintiff is concerned?
25
              MR. McELFISH: As far as the plaintiff is concerned,
```

	Proceedings 1323
1	what we added into our summary is 359-0006. You can see the
2	amount billed at the bottom. That's it that we have for him.
3	It says \$216,000. That is the amount billed, and then if
4	there's offsets through deductions post-trial or you know,
5	if there's an insurance payment or that nature do you see
6	that, Judge, the amount billed total?
7	THE COURT: In 359?
8	MR. McELFISH: Yes. 0006. That's why I wanted to
9	come up and show you that.
10	MR. SAAL: What plaintiff is referring to is matters
11	that were adjusted by the facility before there was any
12	billing to the insurance or to the plaintiff because this
13	billing was done through Franklin Hospital. That's why
14	Franklin Hospital's billing was upwards of \$200,000, because
15	that was the surgical bill. The surgical bill wasn't fully
16	funneled through New York Spine Specialists, and plaintiff is
17	basically trying to double up.
18	MR. BARMEN: It's not just the surgical bill, it's
19	the hospital bill, it's the facilities bill.
20	MR. SAAL: The anesthesia.
21	MR. BARMEN: It's all of that. That's Franklin
22	Hospital, and they are trying to double dip it into New York
23	Spine.
24	THE COURT: Where is Franklin Hospital on this
25	chart?

1324 Proceedings 1 Franklin Hospital's bill was MR. BARMEN: 2 100 percent paid by Emblem Health, which is another part of 3 the double dipping issue that we have been trying to explain 4 to Mr. McElfish. 5 THE COURT: Where is Franklin Hospital on this chart? 6 7 MR. SAAL: Franklin is at 363, Your Honor. It's 8 about six, seven lines up from the bottom. 9 THE COURT: I see. 10 (Pause.) 11 THE COURT: Can you explain that again to me? 12 I can explain when ready. MR. McELFISH: 13 THE COURT: No, no, I want to hear it again from 14 Mr. Saal. 15 MR. McELFISH: Sure. 16 MR. SAAL: Yes, Your Honor. So New York Spine has 17 that list of bills for the date of the surgery that were 18 immediately adjusted, never billed out to insurance, never 19 billed directly to Mr. Bauta, which the rest of the invoice is 20 billed out directly to him. The Franklin Hospital records, 21 which is Defendant's 433, shows the \$193,000 and change that 22 was billed out for the double level fusion procedure, and 23 which was then satisfied by Emblem Health. 24 So it is very simple that this bill for this 25 surgery. It lists --

	Proceedings 1325
1	THE COURT: But where in the Franklin Hospital bill
2	are Dr. Cordiale's charges for doing that surgery?
3	Because the hospital certainly has a facilities fee
4	and all these other things that you mentioned, but so does the
5	surgeon. The surgeon has a fee.
6	Can you show me in the Franklin Hospital bill, I see
7	lab, chemistry, immunology, hematology, et cetera, et cetera.
8	Room and board, coronary care, pharmacy, supply, implants,
9	laboratories, more, pathology.
10	MR. SAAL: Yes, Your Honor. I believe we go to
11	GLI 42464
12	THE COURT: Hold on, you're looking at?
13	MR. SAAL: I was looking at defendant's, I
14	apologize.
15	THE COURT: Defendant's what?
16	MR. SAAL: Defendant's 433. It's in the same binder
17	as 431, just a couple pages later.
18	THE COURT: Oh, I see. So this is different than
19	the plaintiff's. See, the plaintiff's is an Emblem Health
20	bill, it is not a Franklin Hospital bill.
21	All right. And this is also an Emblem Health. So
22	there are two different bills I am looking at. All right. So
23	show me in yours where Dr. Cordiale's fee for the surgery is
24	included in.
25	MR. SAAL: Yes, Your Honor, under 42464

```
1326
                               Proceedings
              THE COURT:
                          42464.
1
 2
              MR. SAAL: -- it has bill -- it has --
 3
              THE COURT: Okay.
 4
              MR. SAAL: -- it has a $23,000 bill for time spent,
    implants, infused bone graft. These are Dr. Cordiale's
5
6
    actions during surgery. That is not a -- infused bone graph,
7
    that is one of Dr. Cordiale's procedures during surgery.
8
    is not a facility charge. And there is no foundation that
9
    that number in the New York Spine records was ever given to
10
    either an insurance company or to Mr. Bauta himself saying
11
    that they have a responsibility to pay it. That is part of
12
    the foundation for these bills that somebody has the
13
    responsibility to pay them.
14
              THE COURT: Mr. McElfish.
15
              MR. McELFISH: Yes, sir.
16
              THE COURT: You were going to say something?
17
              MR. McELFISH: Yes, sir. So Mr. Saal is looking
18
    at -- GLI 042464 is an insurance bill, which is a completely
19
    unrelated to what we're talking about.
              So if I could clear this up, plaintiff's --
20
              THE COURT: Why do you say it's an insurance bill?
21
22
              MR. McELFISH: Because it says Emblem at the top of
23
    it.
24
              THE COURT:
                          So does Plaintiff's 363.
25
              MR. McELFISH: All right. 359 -- to make it really
```

1327 Proceedings 1 It's becoming conflated. 359 is the Cordiale bills. simple. 2 THE COURT: Plaintiff's 359? MR. McELFISH: Yes, sir. 359 is the Cordiale bills, 3 4 and the way that you know that is they've itemized everything that he did in all of 359. 5 6 I think you have it out, Judge. Don't you? 7 THE COURT: Yes. 8 MR. McELFISH: So in other words, 359 itemizes what 9 New York Spine did and the dates they did it, and it is what 10 is referred to by experts as the professional charges, if you 11 It's the doctors' fees. 12 363 is the hospital facility charge, which is 13 totally separate. And Dr. Cordiale did two surgeries, and 14 he's seen him for a couple of years. It does add up to 216 on 15 the professional charges. 16 The facility charges that Mr. Saal -- that are in 17 363, that's for the hospital. Remember, he was in the 18 hospital, according to Dr. Cordiale, from 5/27 until 6/5. Ι 19 mean, it is not a stretch to say that the hospital bill is 200 20 grand, separate from the surgical fees. You know what 21 overnight hospital stays cost. So what is that, a week, 22 10 days? 23 MR. BARMEN: It is a stretch, because we don't have 24 documentation to support it. That's been our problem for 25 months.

1328 Proceedings 1 MR. McELFISH: You had subpoenas. We've all 2 subpoenaed these records and they've been turned over for 3 So that is the confusion, is between the professional 4 charges and the facility charges, or the hospital bills. MR. SAAL: And there is no evidence there is 5 6 actually a charge for these professional charges that 7 Mr. McElfish is saying exist. Why are they -- they're zeroed 8 out. They're saying they're services due from insurance 9 because Emblem Health paid them, and that's why the balance is 10 zero. MR. McELFISH: That is a different balance. 359 is 11 12 the itemized --13 MR. SAAL: That's what we're going back and forth on 14 between the New York Spine records and the Franklin records 15 with the payment for Emblem Health. That's why the numbers are matching up. 16 17 MR. McELFISH: What we can do is I can just put the 18 bills in through Dr. Mobin on the fly, we'll do it, they can 19 cross-examine. We can have a post-trial motion, post-trial 20 hearing on it and we can move on. I'm fine with that. 21 MR. BARMEN: We're not fine with that. 22 MR. McELFISH: Because there is a difference 23 between --24 MR. SAAL: Putting a bill in evidence that increases 25 his bills by 40 percent with no foundation is a significant

	Proceedings 1329
1	inflation, and there is no evidence for it. Dr. Mobin can't
2	speak to how New York Spine does their billing, if this is a
3	bill that someone has responsibility for, as Mr. McElfish is
4	claiming it is.
5	THE COURT: Well, didn't Dr. Cordiale testify that
6	these are his bills?
7	MR. SAAL: I think Dr. Cordiale testified he didn't
8	know anything about billing, that he doesn't know how billing
9	is done and he doesn't deal with billing. That was
10	Dr. Cordiale's testimony.
11	MR. BARMEN: That was Dr. Cordiale's testimony.
12	MR. McELFISH: Either way, Dr. Mobin testified in
13	his deposition as to the New York Spine bills, including the
14	professional charges or the surgical charges, and Mr. Barmen
15	didn't ask him any questions. I mean, it is laid out item by
16	item in 359 as to what he's billing for
17	MR. SAAL: Dr. Mobin's bill
18	MR. McELFISH: Excuse me for a second.
19	Dr. Mobin is a neurosurgeon who does these
20	operations daily. He can absolutely speak to every service
21	that is billed for and marked and turned over for months. If
22	they have cross-examination on it, have at it.
23	MR. SAAL: Dr. Mobin's ability to go to a software
24	program, put in a zip code and say, what is generally charged
25	in this region does not lay the foundation for what is

	Proceedings 1330
1	actually in the New York Spine Specialists' bills. Those are
2	two entirely different issues.
3	If the bill actually is what it says it is, if
4	Dr. Mobin can we'll have testimony regarding what this
5	website, what the software is telling him is reasonable,
6	that's one issue. But if this was not actually a bill
7	provided to any insurance company to plaintiff, and this
8	money, as we are saying, was satisfied through Emblem, through
9	the billing through Franklin Hospital, then for plaintiff to
10	be able to put it on twice is basically just him dipping his
11	hand dipping putting his hands in the cookie jar two
12	times. There is no reason for that.
13	THE COURT: All right, let me ask one final
14	question.
15	MR. McELFISH: Okay.
16	THE COURT: I guess this is Plaintiff's 361.
17	MR. McELFISH: Okay.
18	THE COURT: That's Dr. Cordiale's bills. The
19	balance says 59,750.
20	MR. McELFISH: Yes.
21	THE COURT: Yet on the summary, it says 213,650.
22	MR. McELFISH: Right.
23	THE COURT: Why is that different?
24	MR. McELFISH: Because the way the law under 4545
25	works is that you put the amount billed in, and whether or not

Proceedings the billing is a reasonable and customary charge for the service, that's how -- that's that expert issue I was talking about earlier. And then -- and we did this in pretrial motions. If there is any offset or reduction or payment, that comes into an evidentiary hearing post-trial. That's a post-trial collateral source reduction. (Continued on the following page.)

	Proceedings 1332
1	(Continuing.)
2	THE COURT: This amount, \$213,650 is not what is
3	listed on Dr. Cordiale's even if you use the billed amount.
4	MR. McELFISH: It's close. It's like 3 grand off.
5	I recognize that.
6	THE COURT: So now we are horseshoes and hand
7	grenades? It's close? Come on. The summary is out.
8	MR. McELFISH: For now.
9	THE COURT: No, the summary is out.
10	MR. McELFISH: Okay.
11	THE COURT: At the end of the day if you get
12	Dr. Mobin to testify as you want, you are going to have to
13	create a new summary.
14	MR. McELFISH: No problem.
15	THE COURT: And then I want law that says it's the
16	billed amount as opposed to the balance amount.
17	MR. McELFISH: You already ruled on this. We gave
18	you the law. We cited all the cases.
19	THE COURT: So then you are saying at the end of the
20	day when we have our hearing, I can say well, they billed X ,
21	they adjusted Y, so all you get is the balance.
22	MR. McELFISH: Yes. You prevent the double dipping
23	in the post-trial hearing. That's the conflation.
24	THE COURT: I am not talking about double dipping.
25	I'm talking about looking at Dr. Cordiale's bills alone. All

this bill says is that the balance is \$59,750. They have already received \$50,287.76 cents even though they billed \$216,037.70 because they adjusted \$141,000 and change.

MR. McELFISH: Whatever they accept you can deal with that in part of the evidentiary hearing, yes, I expect that, of course, and you ruled -- we filed extensive briefing on this citing New York law under 45, and you ruled on it, and I fully expect there's either a facility adjustment or an insurance payment or anything that reduces the amount owed that is certainly a collateral source offset. That's the way it's been since the beginning.

MR. SAAL: Mr. McElfish is missing one important step here. We have no evidence of a Medicaid lien. We don't have an Emblem Health summary. We have the Emblem Health summary, Long Island Jewish Medical Center, Franklin Hospital showing what was billed out to Franklin Hospital for insurance and what Emblem Health paid. Why doesn't that exist for New York Spine Specialists? Was this anything that they billed out for? If Medicaid did not pay it and no one is ever going to be responsible for it and we have no evidence of a Medicaid lien proving that someone did pay for it and was responsible for it, how is he going to put it into evidence before us.

MR. McELFISH: Because it was billed for and the liens that were signed showed the responsibility for it. You then, Your Honor, respectfully can take into consideration --

	Proceedings 1334
1	hold on. This is arguments as to what liens there are and
2	what reductions there were and what payments there were post
3	trial out of the presence of the jury, not now.
4	MR. SAAL: We have not been shown anything from New
5	York Spine Specialists.
6	THE COURT: That is for another day. That is for
7	the post-trial hearing. You are going to go with Dr. Mobin.
8	He has each and every bill. Lay the foundation. He will
9	testify and I will clean it up not after it is over, but
10	after the jury renders its verdict.
11	MR. SAAL: Thank you, Your Honor.
12	THE COURT: And if there's no lien?
13	MR. SAAL: If there's no lien and there's no
14	balance, then there's no responsibility to pay and the bill is
15	essentially fictitious.
16	THE COURT: Then he doesn't get it.
17	MR. McELFISH: I think that's all I had this
18	morning. I didn't mean to take that much time.
19	MR. McELFISH: I guess there's a scheduling issue
20	when you're ready. It's not an issue necessarily.
21	THE COURT: Are we ready for the jury?
22	MR. McELFISH: Yes, sir.
23	(Jury enters.)
24	THE COURT: You may be seated. Mr. McElfish, your
25	next witness.

```
1335
                       Mobin - direct - McElfish
1
              MR. McELFISH: Good morning, Your Honor.
 2
    Plaintiff's next witness is Fardad Mobin, neurosurgeon.
 3
              THE COURT:
                          Dr. Mobin, raise your right hand.
 4
               (Witness sworn/affirmed.)
              THE COURT:
                          Please be seated. Can you tell the
 5
 6
    court reporter your name and spelling it please.
7
              THE WITNESS: Sure. Fardad Mobin, F-A-R-D-A-D
8
    M-O-B-I-N.
9
              MR. McELFISH: May I inquire?
10
              THE COURT: Yes.
11
    FARDAD MOBIN,
12
              called by the Plaintiff, having been
13
              first duly sworn, was examined and testified
14
              as follows:
    DIRECT EXAMINATION
15
    BY MR. McELFISH:
16
         Good morning, Doctor. Would you introduce yourself to
17
18
    the jury and explain what kind of expert you are.
19
    Α
         Good morning. My name is Fardad Mobin. I'm a
20
    neurosurgeon and I'm asked to be here to render opinions in
21
    terms of expert opinions regarding Mr. Bauta's care.
22
         Okay. And if you would please, sir, would you give the
23
    jury an idea of your background training and experience since
    medical school?
24
25
                I actually went to undergrad here in New York, RPI
```

Upstate. So I'm back to my old ground here. For medical school I went to the University of California at Davis for my medical training. I completed my education in 1995 with Alpha Omega Alpha, which is a medical honors society. I stayed at UC Davis for my general surgery training and went on to do my neurosurgery training at UC Davis which finished in 2001. And then I went to UCLA for my fellowship training. That was in microsurgery and cerebral vascular surgery.

A Sure. So the best way to understand our jobs is basically knowing that we are surgeons first and foremost. We are not neurologists. We get confused with neurologists a lot. We are actually surgeons and we do a very extensive training in surgical discipline. We do conduct neurological exams. We diagnosis patients with neurological problems and if they need surgery then we can offer them surgical intervention.

The other part of our training which is an extensive part of our training is radiology. We actually order our own radiological studies, interpret them and depend on them to treat patients.

Q And why is that important?

A So neurosurgery as a discipline is very image-oriented. We need to know the structures of the brain and spine. We need to know the relationship of lesions such as tumors or

- 1 disc herniations relative to the brain itself. We need to see
- 2 the image itself to design our surgical approaches and come up
- 3 with the proper diagnosis of the problem and also advise and
- 4 | consult with our patients.
- 5 Q What is reconstructive and micro spinal surgery?
- 6 A That is a field within the spine that uses a microscopic
- 7 | technique so we can do smaller incisions for doing the
- 8 procedures. The reconstructive part is when we put screws and
- 9 rods to reconstruct the spine and bring it back into its
- 10 normal form.
- 11 | Q Where did you do your fellowship and residency?
- 12 A It was at UC Davis and the fellowship was at UCLA.
- 13 | Q And since medical school what did you do next?
- 14 A Since I finished my training, I started practicing at a
- 15 | hospital called Daniel Freeman Memorial Hospital. I was the
- 16 chief of service for three years and then I went on to join a
- 17 | multidisciplinary group with other orthopedic surgeons,
- 18 | neurosurgeons, pain management specialists, chiropractors,
- 19 | physical therapists and I was with that group until 2013 and
- 20 | then I started my own practice in Beverly Hills since 2013 and
- 21 | that's where I practice now.
- 22 | Q Where is Daniel Freeman Hospital?
- 23 A That's in Englewood.
- 24 | Q Englewood, California?
- 25 A Yes.

1338 Mobin - direct - McElfish And you mentioned a multiple-disciplinary 1 Q Okav. 2 practice. Where was that located? That is still in Marina Delray. 3 What is that called? 4 () Α DISC. 5 And you mentioned the term multidisciplinary practice. 6 Q 7 Is that a special term in your field? 8 It just tends to explain the explain the fact that it's a 9 practice that has multiple disciplines in the same group under 10 the same roof so patients can get surgical/non-surgical 11 opinions and get different types of treatments in one setting. 12 Q Is that generally accepted in the field? 13 Α Yes. 14 Can you explain why? Number one, it's market driven meaning that patients want 15 Α 16 to go to one practice and get everything they need as opposed 17 to driving around and going to different places. 18 words, in our practice when I was at DISC, we also had imaging 19 facilities on site, X-ray, CT scans and MRI's, therapists, 20 physical therapists, psychiatrists, pain management 21 specialists, orthopedic joint surgeons, hand surgeons and 22 neurosurgeons so it could come together and treat patients 23 under the same roof. 24 And how many spine surgeons were in that practice, for 25 example?

1339 Mobin - direct - McElfish I think there were four to six surgeons at some point. 1 Α 2 Q And that was all conducted in this DISC facility? 3 Α Yes. 4 And after you practiced at DISC where did you go after that? 5 6 Α Then I started my own practice in Beverly Hills which is 7 called Mobin Neurosurgery. 8 And that's where you currently are? 9 Α Yes. 10 And in your current practice, Dr. Mobin, would you give 11 the jury an idea of what kind of work you are currently doing 12 and if you don't mind splitting it up? 13 The majority of my work is treating patients with spine 14 problems and I would say 90 percent plus of my practice is 15 individuals with spinal injuries and taking care of them with 16 either surgical or non-surgical techniques. And the other --17 and that's the majority of my practice, 90 percent. 18 percent is medical/legal, giving depositions or coming to 19 court for testimony. 20 Q And if you -- is that referred to as forensic practice? 21 Α Yes. 22 And in your forensic practice what percentage of your 23 overall practice is forensic versus clinical?

- 24 Α The forensic part is less than 10 percent of my practice.
- 25 And inside that 10 percent what percentage of it is for Q

Mobin - direct - McElfish 1340 plaintiffs or patients like Mr. Bauta? What is the percentage 1 2 for defendants like Greyhound in this case? 3 The majority of it is for plaintiffs and since I'm a practicing surgeon, if there's a patient of mine that has a 4 medical, legal or forensic issue, then the attorneys ask me 5 6 for opinion, I'm comfortable with it and I will say yes. 7 And Dr. Mobin one step further in cases where you are an 8 expert witness but you not testifying on behalf of your 9 patient what percentage of those cases exist? 10 So it's -- if it's just a case that I'm reviewing records 11 similar to this case, it's 70 percent for plaintiff and 30 12 percent for defense. 13 Q This in this case you're an expert witness but Mr. Bauta 14 was not your patient for instance? 15 Α That is correct. 16 And if you would, please, give the jury an idea at Mobin 17 spine what a typical week is like in terms of how many 18 patients you see and how many surgeries you do? 19 I typically see anywhere between, I would say, 40 to 60 20 patients a week and I operate on patients twice a week and it 21 varies. It could be on average three cases a week. 22 weeks are busier, some are not as busy. 23 Q Are those patients that you do operate on, are they 24 operated on in hospitals or ambulatory surgery centers or

SN OCR RPR

25

something else?

Mobin - direct - McElfish 1341 A combination of both. The complicated cases are done in 1 2 the hospital. Patients that are eligible for outpatient we'll 3 do it at an ambulatory surgery center. 4 Q Do you have an interest in ambulatory surgery center? Yes. 5 Α 6 Q Which one do you have an ownership interest in? 7 I'm part owner in Bay City Surgery Center. Α 8 Q Where is that based? 9 Α In Torrance. 10 Q Doctor, in your practice do you have an occasion to 11 interact and refer patients do pain management doctors? Yes. 12 Α 13 And can you give the jury and idea of your background, Q 14 training and experience with respect to page management and 15 anesthesiologist? 16 So as part of my in-residency training I did a sub 17 fellowship during that training which was pain management, 18 injections for the spine such as facet blocks, radio frequency 19 ablation and also looking and supervising other residents and 20 fellows. 21 So as far as the practice of spine, what happens is 22 spine surgeons either do the pain management themselves or

So as far as the practice of spine, what happens is spine surgeons either do the pain management themselves or refer to another physician who is either a physiatrist or a pain management specialist and they perform the injections.

Q In your custom and practice, Dr. Mobin, in seeing a

23

24

1342 Mobin - direct - McElfish patient do you have occasion to refer patients out to pain 1 2 management before surgical options are explored? 3 Α Yes. 4 Why do you do that? So the concept is if there is an occasion to use a less 5 Α 6 invasive treatment such as injection, that's what I like to 7 do. 8 Q Are you currently affiliated with any other hospitals? 9 Α Yes. 10 Can you give the jury an idea of what hospital and what's your affiliation? 11 12 Active staff neurosurgeon at several hospitals; Marina 13 Hospital Cedars, St. Vincent's Medical Center in Los Angeles, 14 Marina Hospital in Marina Delray and Olympia Medical Center and also St. John's, if I didn't say that. 15 16 And for how long have you held those positions? 17 Α Between the ten or fifteen years for each location. 18 Q Do you have any background or training and experience in 19 emergency medicine or emergency room work? 20 Α Yes. 21 Can you give the jury an understanding of what that is, 22 please?

A My particular training was at a county hospital and as part of that training we are embedded in a sense within the hospital for many, many years. We take call every other night

23

24

- 1 or every third night in-house and we're a direct consultant to
- 2 | the emergency room. We see patients in the emergency room, or
- 3 | I did, directly interact with the emergency room doctors,
- 4 | nurses and other services who were consulting in trauma cases.
- 5 Q Am I to understand that emergency rooms have
- 6 | neurosurgeons who have consultants who work in emergency
- 7 rooms?
- 8 A Emergency rooms have neurosurgeons who are affiliated or
- 9 on call.
- 10 | Q I take it based on that experience you worked in county
- 11 | hospital emergency rooms?
- 12 A That's correct.
- 13 | Q For how long did you do that?
- 14 A From 1996 to 2001, so that's six years.
- 15 Q Have you received any awards and certificates, please?
- 16 A Yes.
- 17 | Q Can you explain?
- 18 A During my medical school training, I received the Alpha
- 19 | Omega Alpha which is our medical honor society award and
- 20 | during residency I was selected as outstanding senior
- 21 | resident. I became the chief resident of the service and I
- 22 | also received two awards at St. Vincent's the Guardian Angel
- 23 | award twice.
- 24 | Q What professional societies are you involved in?
- 25 | A Presently at Congress of Neurological Surgeons.

1344 Mobin - direct - McElfish And have you published in the field -- have you had 1 Q 2 peer-reviewed publications in the field of neurosurgery? 3 Α Yes. 4 Can you give the jury a short explanation of that? The publications are primarily for brain tumors and 5 6 treatment of tumors and aneurysms. 7 MR. McELFISH: At this point, Your Honor, the 8 plaintiff will offer Dr. Fardad Mobin as an expert in 9 neurosurgery. 10 No objection, Your Honor. MR. MANNION: THE COURT: Dr. Mobin will be received as an expert 11 12 in neurosurgery. 13 Q Now, Doctor, you and I -- we're both in California. You 14 and I have worked together before? 15 Α Yes. 16 All right. And can you give the jury some idea of how 17 many times? 18 Α Probably over the last three or four years I've had 19 occasion probably I would say two to three times. 20 Q And was there ever an occasion where we had a case 21 against one another? 22 Α Yes. 23 Q And when was that? Probably five years ago, I would say. 24 Α 25 Q And can you tell us when you were retained as an expert

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

23

24

25

Mobin - direct - McElfish 1345 witness in neurosurgery in this case? I believe it was in 2016, mid-2016 I don't remember the exact date. All right. And what was the scope of your retention? What did myself and the lawyers at my firm ask you to do? The scope was to review a volume of records in records to Mr. Bauta's condition, his treatment that he had received from multiple doctors also pre-incident records that were sent to me. In addition to that, I was asked to review several imaging studies, X-rays, MRIs and CAT scans, review defense expert records and reports, provide reasonableness of medical care, reasonableness of cost, causation and also future care and reasonableness of future costs. And can you -- have you memorized the list of

- doctors and medical records that you reviewed and relied upon in forming your opinion?
- I don't have it fully memorized because it's just a 17 18 tremendous number, but I have a sheet that I prepared in front of me if I can refer to it. 19
- 20 Sure. Can you see give the jury an idea, a quick list, 21 of the doctors' reports, records and bills that you've 22 identified?
 - Certainly. I've reviewed records from New York Α specialists which include Dr. Cordiale, Dr. Lattuga, and Dr. McGowan who were in that group. I've reviewed records

- 1 | from physical therapist Mr. Vasile.
- 2 Q I think it's actually Vasile.
- 3 A Sorry. I've reviewed records from pain management
- 4 | specialists, Dr. Winn, Dr. Chen and Dr. Alladin. I reviewed
- 5 records from Dr. Honor, Dr. Gutstein and also reviewed records
- 6 from Dr. Liebowitz, and radiology reports from Dr. Kolb and
- 7 | his partner Dr. Lichy.
- 8 Q And, Dr. Kolb and Dr. Lichy, they were radiologists at a
- 9 | location called Precision Radiology?
- 10 A That's correct.
- 11 | Q And there were also surgical records from Franklin
- 12 Hospital. Did you review those?
- 13 A As far as facilities I reviewed, I reviewed records from
- 14 the Franklin facility, Franklin Hospital, the Brookdale
- 15 Hospital records and Braxton records.
- 16 Q In terms of facilities -- withdrawn. With respect to
- 17 | Franklin Hospital, is it your understanding Dr. Mobin -- is
- 18 | Franklin a hospital or is an ambulatory surgical center?
- 19 A I believe it's a hospital.
- 20 Q All right. The same thing with Brookdale Hospital?
- 21 A That's correct.
- 22 Q And did you review the records of any ambulatory surgery
- 23 centers where in this case pain management procedures were
- 24 done?
- 25 A Correct. So in conjunction with the records for Dr. Winn

- 1 and Dr. Alladin, I believe there were two facilities
- 2 Accelerated Surgery Center and Braxton -- Barnert, I'm sorry,
- 3 | Surgery Center. Those are the two outpatient facilities that
- 4 | I've seen records from.
- 5 Q So it's Accelerated and Barnert Surgical Center?
- 6 A Correct.
- 7 Q Okay. And did you notice in reviewing those records they
- 8 | were voluminous?
- 9 A Yes.
- 10 Q And in reviewing the records for Dr. Lebowitz, did you
- 11 | notice that Dr. Capiola's records were included in that?
- 12 A That is correct.
- 13 | Q And did you notice in Dr. Winn's records and Dr. Chen's
- 14 records that Dr. Rosenberg's records were included?
- 15 A I don't remember that.
- 16 Q Okay. Did you notice that in the Franklin Hospital
- 17 | records the American Partners Records, anesthesia records were
- 18 | included?
- 19 | A Yes.
- 20 Q And in reviewing Dr. Lebowitz and Dr. Capiola's records,
- 21 | did you notice that Greater New York Radiology and Midtown
- 22 | Diagnostics were included?
- 23 A That might be the case. I don't have an exact
- 24 recollection of it.
- 25 Q And MedicSurg, did you happen to notice whether those

1348 Mobin - direct - McElfish records were included in any of the hospital records you 1 2 reviewed? 3 I believe they were in the Franklin Hospital records. 4 Q And Dr. Soto, her name -- his name, excuse me, appeared in Dr. Winn's records, did you notice that? 5 6 Α I believe so, yes. 7 And did you have an opportunity to review the Brookdale Q Hospital records in the emergency room? 8 9 Α Yes. 10 And, to be specific, in your report you reviewed 87 pages of Brookdale Hospital records? 11 I wouldn't disagree with my report but that sounds 12 13 correct. 14 And those 87 records or 89 records whichever, I can't remember what it was, those included not only the dates of 15 16 service for the emergency room but some records for visits 17 beyond the accident? 18 Α That is correct. 19 And did you have an opportunity to review the first 20 emergency room records where Mr. Bauta was taken Evangelical 21 in Pennsylvania? 22 Α Yes. 23 Q And generally speaking -- I'll come back to it, but

SN OCR RPR

generally speaking have you reviewed the billing for all of

these facilities and doctors and hospitals?

24

- 1 A I have, yes.
- 2 Q And have you formed opinions on whether or not the --
- 3 generally the billing has -- the billing for those entities,
- 4 | individuals and hospitals was reasonable and customary in the
- 5 | community?
- 6 A I have and my response is basically my report. If you
- 7 | look at the bills across, for example, the emergency room
- 8 visits, the visits to physical therapists, visits to the
- 9 doctors. They're all within customary and reasonable values.
- 10 | Bills for the injections and the ambulatory surgery bills are
- 11 different between the two facilities because they had
- 12 different charges and I opined on the reasonableness of those
- 13 | values in my report as well.
- 14 | Q We can come back later. I want to get to the medical
- 15 | care first but we can do the bills later, but you have formed
- 16 | those opinions?
- 17 | A I have.
- 18 Q All right. Now, the Franklin Hospital records, just to
- 19 | sort of nail this down, Doctor, also included all the surgical
- 20 | records and the hospital stay for Mr. Bauta?
- 21 A That's correct. Those included dates of service of May
- 22 | 27, 2015 through June 5, 2015, I believe.
- 23 Q And have you reviewed these records in a chronological
- 24 | way in which you could understand Mr. Bauta's treatment and
- 25 care?

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Mobin - direct - McElfish 1350 I have a chronology out of it. They're a soup of records but to the best of my ability they're overlapping treatments so it's hard to do one line of a timeline, but I've done my best to try to organize them chronologically. As an expert witness in neurosurgery, Dr. Mobin, is it Q important for you to understand the nature of the treatment and care that Mr. Bauta received? Α Yes. Would you walk the jury through the treatment and care you considered in forming your opinions as to whether or not it was reasonable and necessary? Just to take the jurors through this mentally so I can understand it and you can understand it. The date of injury is October 9, 2013. That's when the accident occurred. And then Mr. Bauta, to my understanding, was transported by ambulance EMT to Evangelical Hospital emergency room. treatments regarding his facial laceration, lower leg contusion and head injury. The next day he goes to Brookdale Medical Center and he complains of total body ache. He has contusions, soft tissue contusions, abrasions of the scalp and he gets treated for those conditions. Then he sees a number of providers

including chiropractors and neurologists, Dr. McGowan, Dr. Russo are chiropractors that see Mr. Bauta shortly thereafter and Dr. Constantine who's the neurologist that sees

him.

2 Q Go ahead.

A So that's really the initial first part of the treatment, I would say the acute phase of the treatment which is the doctors are trying to figure out what's happened to Mr. Bauta, what kind of injuries he sustained and we see a set of -- we call it differential diagnosis populating the records meaning

what could be going on with this gentleman.

Some of the early records indicate that he has back pain and leg pain and there are records within the week or ten days of the incident that are clearly demonstrating radiculopathy or sciatica. That's another term we use. He goes on to get treatment, extensive physical therapy with Dr. Vasile and he goes on to see multiple doctors including orthopedic surgeons, neurologists and ultimately spine specialists, who all have a very similar type of recording of Mr. Bauta's problems. They all document back pain, radiculopathy and within the first eight months from the incident they start to report weakness in the right lower extremity in particular.

One of the very early providers of care, a chiropractor, refers Mr. Bauta to an MRI facility, Precision MRI, with a condition of disc herniation as part of the differential and, in fact, they do document and see an objective MRI finding. There's a large disc herniation in the

lower back accounting for some of the problems that Mr. Bauta presented with which was back pain and radiculopathy.

Q To be a little more specific, Dr. Mobin, these early doctors, did they, what was the basis for their suspicions that there was a disc herniation? Was it just Mr. Bauta's complaints, his subjective complaints as its been referred to, or was their objective testing?

A I would say both. The subjective complaints are what alarmed the doctors that there's something just beyond the soft tissue injury, just beyond the abrasions and swollen joints. Mr. Bauta is complaining, look, my back is hurting now and I have radiating pain down my leg. Those are red flags for sciatica and the doctors, rightly so, performed orthopedic tests and other maneuvers which demonstrates that yes, there is in fact room for suspicion for sciatica and then they go back to the early MRIs, early on as early as November of 2013, which is within the first four to six weeks of the incident.

Q What is a straight-leg test?

A So the straight-leg-raise test is done with the patient.

Usually I have the patient sit at the edge of the table.

Their legs are at 90 degrees, very much so the way you're sitting on the chair and then I will raise the leg to make -- to extend the knee. The way we're doing this now is we're putting pressure or stress on the nerves that are exiting from

the spine. And if in you look at the spine model there's -the skeleton in the back, and what it shows is that there are
orifices on the side of the spine called the neuro-foramina or
the exit zones of the nerve.

MR. McELFISH: Should we bring him around if the Court allows.

THE COURT: Continue this way.

A So what happens is the last three nerves, which are the L4, L5 and S1 nerve roots, as they exit the spine they come to an area in the pelvis called the lumbar plexus and then the lumbar plexus goes on to a very large nerve, the sciatic nerve and that nerve runs right from the back of the buttock area into the back of the leg into the lower leg.

As we're stressing that large, long cable if there's impingement or a narrowing at the exit of the nerve root, the patient would say don't do that, it's hurting or I'm getting a tingling sensation or tingling or numbness down the leg. So that's one of the maneuvers that we do with the patient.

Q What is Braggard's test?

A So, other versions of the same concept, other ways of testing the nerve is that let's say the pain, the test is too painful and you really can't raise the leg, what we have is the patients leg straighten out so we take the tension of the back of the leg and then we bring the foot up towards them.

And what you're doing there, if you know the anatomy, is that

Mobin - direct - McElfish 1354 the nerve goes all the way and supplies the foot too, so when 1 2 you bring the foot in you're stressing the nerve another way 3 and then they say, Doc, I'm feeling the tingling, numbness or 4 pain going down the leg. Would it help to show -- we're going to go to dermatomes 5 Q 6 next. Would it help to show these ideas on the model? 7 I think so, yes. 8 THE COURT: All right. Bring the model up. 9 MR. McELFISH: Permission for the witness to step 10 down. 11 THE COURT: You may. MR. MANNION: Excuse me, Your Honor, permission to 12 13 reposition if I need to. THE COURT: Yes. 14 So what we're doing or talking about is the lumbar spine 15 16 in particular. I'm going to take you back to grade school. 17 The cervical spine is designated with the letter C. It goes 18 from C1 through C7. The thoracic spine starts with T and goes 19 from T1 to T12 and the lumbar spine which is from L1 through 20 L5 and I'm sure you've heard of disc herniation of the L4/5 21 and L5/S1, that's the address for the disc. So the disc for 22 the cushion on that sits between the two vertebrae is referred 23 to by the vertebrae above it and the vertebrae below it. 24 if I say L4/5 disc, that's the cushion between the L4 and the 25 L5 vertebrae. And then the last vertebrae that interfaces

with the top of the sacrum is the L5 and the top of the sacrum is S-1. So we talk about the last cushion in the spine, that's the L5/S1 disc. That's going to be talked about also.

So to demonstrate what we're talking about here in terms of the straight leg raises, if you look at the yellow lines that are coming out, these are the nerves that are exiting the spine and what the part of the model doesn't show is that these are very long nerves that come together and they actually continue down the leg.

So what we're doing in the straight-leg raise is we have the leg basically flex at the hip and bring it up. This model doesn't allow me to do it. What happens is the leg comes in front and stresses the nerve that comes behind the leg and that's the basis of the test.

Q And were those tests completed -- don't leave yet. I want to ask you about dermatomes? Were those tests completed early on in the treatment of care by the doctors.

A Right, so, there are a lot of records even from within the first week to ten days from the incident that document that Mr. Bauta has problems with the radiculopathy going down the leg or the psychiatrist contact. The test is very painful for him and that's why the doctors do have different types of testing to show the psychiatrist contact exists.

(Continued on the following page.)

Mobin - direct - McElfish 1356 DIRECT EXAMINATION 1 2 BY MR. McELFISH: (Continuing) 3 While we are talking about testing, can you tell the 4 jury, please, what the heel and the toe walk are? 5 So heel walk is basically when we have the patients walk 6 on the heels, and the tiptoe walk is when we have them walk on 7 their tiptoes. 8 With the heel walk, what we're doing is -- again, 9 it's kind of similar to the test that we just talked about 10 when we have the patient's foot come towards them. With the 11 heel walk what they'll usually do is -- first of all, they 12 can't do it most of the times. Second of all, they say when I 13 do that there's a pain shooting down my leg because it, in 14 many ways, recreates the tension on the nerves. 15 Q And based on the records that you have been provided and 16 that you reviewed as an expert in this case, was Mr. Bauta 17 able to do that test early on? 18 Α He had difficulty doing it. 19 All right. Now, I want to just talk for a minute about 20 dermatomes. First of all, what is a dermatome? 21 So dermatome, the best way to explain that is that our 22 skin is not just one piece of cloth that is placed on our 23 body. It's actually multiple areas of patches of skin that 24 come together. So the term chimera is used. Usually there's 25 one piece of skin here and one piece of skin here and then

Mobin - direct - McElfish

they interdigitate to a certain extent. And each one of these nerves supplies a particular patch. So why is that important because that's how we can go back and figure out what nerve is being affected.

So a dermatome is just a particular patch of the skin that's being served with a particular nerve. So as these nerves exit the spine, think of it as exits of a freeway or highway, you call it here, and these exits will determine where the nerve goes. So there is a particular destination for each nerve. Each nerve is responsible for a particular patch of skin. Each nerve is responsible for a particular muscle.

So the L5 nerve root will have your big toe come up.

The L4 nerve root is responsible to bring the foot up. Then
there's some overlap. And then the S1 nerve allows the foot
to push up, are you able to walk on your toes?

So that's how we can go back and this is how neurology was done before the advances of the MRI imaging, the neurologist would say hey, we have a patient here who can't bring their foot up, we have a partial foot drop, and they will tell the surgeon where to operate. That's 200 years ago. Now we have the MRIs.

That's the importance of dermatomes and myotomes.

Dermatomes are the patches of the skin that allows us to trace back to the level of the spine and myotomes are the muscles

- 1 | that are weak and then we can trace those muscles back to
- 2 where the origin is in the spine and try and figure out where
- 3 the problem is.
- 4 Q Got it. Okay. So would you then be specific for the
- 5 jury on what the dermatomes are for the S1 nerve?
- 6 A Sure. So the S1 nerve typically runs -- it runs in the
- 7 back of the leg. It affects the back of the calf, the lateral
- 8 aspect of the calf muscle. That's typically where the S1
- 9 nerve root resides.
- 10 Q And what about the L5?
- 11 A The L5 nerve is more lateral. It goes into the front of
- 12 the shin, or the side of the shin, and then the top of the
- 13 | foot, and it involves part of the bottom of the foot too.
- 14 Q And L4?
- 15 A And L4, again, runs down the leg. It goes from the side
- 16 of the thigh to the front of the foot and it usually ends
- 17 | about the ankle or just short of the top of the foot.
- 18 | Q So five is more lateral and four is more frontal?
- 19 | A Yes.
- 20 Q Got it. L3.
- 21 A L3 ends up being more frontal in the thigh area.
- 22 | Q All right. And did you see, Dr. Mobin, any indication of
- 23 | the dermatomes in the early records for Mr. Bauta?
- 24 | A Yes.
- 25 | Q Tell the jury what you saw.

- 1 A So both of the chiropractors had documented that there
- 2 was numbness or areas of deficit in the sensation which
- 3 corresponded to the L4 and L5 dermatomes.
- 4 Q Are you referring to Dr. Russo and Dr. McGowan?
- 5 A Yes.
- 6 Q Before you leave the model, I want to ask you about -- I
- 7 | want to get into a little bit about the difference between the
- 8 | central canal and the lateral nerve roots.
- 9 A Sure.
- 10 | Q Can you explain, first of all, the difference between the
- 11 central canal and the lateral nerve, the foramina, for
- 12 | instance? We have heard the term neural foramen. Can you
- 13 | explain that?
- 14 A Okay. So the best way to understand that is imagine or
- 15 think of the spinal canal as an oval-shaped canal. It has a
- 16 | central thorough-way that all of the nerves are going through
- 17 | and then it has side exits for the nerves to come out. So you
- 18 | have these, you know, several multitude of nerves going right
- 19 | in the middle of this tunnel, and then as they want to come
- 20 out of the foramina or the exit zones they don't immediately
- 21 exit. They actually take a little bit of a right-hand or
- 22 | left-hand turn and then they go out.
- 23 So the central canal refers to where the majority of
- 24 the nerves are. The lateral recess or that side channel where
- 25 the nerves take a little bit of time before going out of the

Mobin - direct - McElfish 1360 spine is the lateral portion of the canal. 1 2 Got it. So we have central versus lateral? 3 Α Yes. 4 In the lateral portion, what is a neural foramen? So the lateral portion refers to the beginning of the 5 6 foramen, the beginning of that exit zone. And the best way to 7 explain or the best way to understand that is that the foramen 8 isn't just a parallel opening in the spine. It's actually 9 more of an ice cream cone, so it has a narrow end and then it 10 opens up wider. So the nerve comes out of the spine through 11 this tinier channel and then it goes to this wider channel 12 outside. It's a conical structure. 13 Q What is stenosis? 14 So stenosis is narrowing. It's a simple term that we use that tells us that there is narrowing of these exits. 15 16 could be a stenosis in the central part of the canal where the 17 major thorough-way, or it could be stenosis in the lateral 18 recess where the nerves are just taking a right- or a 19 left-hand turn to go out, or there's stenosis in the foramen, 20 where the nerve is actually trying to exit the spine itself. 21 I want to you explain what a nerve root is. 22 Nerve root are these structures that we referred to early 23 year. These are structures emanating from the spine and have 24 particular destinations. The nerve root has two major 25 functions: One is a sensory function, which means that it

1 gives us information about our surroundings through the skin,

2 | we touch, we feel, we get information that sensation goes

3 through the nerves. It goes back into the spinal canal. It

4 goes into the spinal cord, and it goes to the brain stem and

5 brain and then we understand what we're touching.

6

7

8

9

10

11

12

13

21

22

23

24

25

The other part is the reverse pathways, is where we think of raising our arm. There's a signal in the brain that generated and it goes through the brain, through the brain stem, through the spinal cord and it comes out of the nerve, and we're able to raise our arm when we're thinking about doing that.

- Q Okay. What is lateral compression or nerve root compression?
- A So nerve root compression is where we have an area that
 we just talked about being compressed, either a central part
 of the spine is compressed or the lateral recess is compressed
 or the foramen is compressed. So those are the three
 different usual areas where the nerve is being compressed.
- 19 Q Based upon the records, in your opinion, Dr. Mobin, what 20 of those did Mr. Bauta have?
 - A So Mr. Bauta has a combination of all of those. He has central compression from his large disc herniation at the L5-S1. He has bilateral lateral recess narrowing where the nerves are trying to come out. There is compression there, and he also has foraminal compression.

Mobin - direct - McElfish 1362 And what are the symptoms of those three different areas? 1 Q 2 So the symptoms can range from what we call axial back 3 pain, mechanical back pain, meaning that moving, twisting, 4 bending can cause pain. It can cause nerve impingement directly, which means that patients will come in with sciatica 5 6 Sciatica symptoms evolve over time. They become 7 numbness, tingling and weakness. 8 So, initially, they complain of pain. They say, 9 doc, I have a lot of pain, shooting, stabbing, and then it 10 becomes dull pain, then it becomes tingling, numbness, and 11 then all of a sudden they try to walk and then their leg gives 12 out because the signal is not going through, and that's the 13 weakness that they experience. 14 Are we through with the model? I am. 15 Α 16 MR. McELFISH: You may take it away. Thank you, 17 sir. 18 Q I want to talk a little bit about -- well, in follow up 19 to your last answer, what did you see in the records as an 20 expert that told you Mr. Bauta had those three areas? 21 So Mr. Bauta's was complaining of back pain, radiating 22 pain, numbness, tingling, and ultimately weakness in the 23 anterior tibialis, which is the muscle that brings the foot 24 Extensor hallucis longus, which is the muscle that brings

the toe up, and they also -- the doctors also document

Mobin - direct - McElfish 1363 quadricepts weakness, which is the major muscle for 1 2 individuals to extend the leg. All right. And were you able to say which side of the 3 4 body he had the most symptoms on consistently from the accident? 5 6 Most consistently was on the right side. 7 I heard you say earlier in just a general explanation to the jury that he had bilateral compression. Did you see 8 9 records indicating symptoms for bilateral compression? 10 So the New York Spine records in particular, they Yes. 11 have documented the majority of the time right-sided, 12 occasional left-sided symptoms in the leg. 13 Q Now, we're going to come to the neck later, Dr. Mobin. 14 But generally, with respect to the anatomy lesson, is the neck 15 similar to the back in the way that discs and nerve roots 16 operate? 17 I don't know if I said that right. Let me withdraw 18 that. 19 The anatomy of the neck, is it similar to the 20 anatomy in the back in the way that you explained it to the 21 jury? 22 In the majority of the ways, yes, the only major 23 difference between the neck and the lower back is that the 24 neck has the spinal cord continuously going through it. Ιn 25 the lower back, the spinal cord ends at about L1 level.

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

1364 Mobin - direct - McElfish beyond the L1 level, we're dealing with nerves. It's the bundle of nerves that go through as opposed to the spinal cord and the cervical spine. But all the other principles apply, such as compression creates weakness into the extremity or the arm, things of that nature? That is correct. Okay. Now, focusing on the medical records of, for instance, Dr. McGowan and Dr. Russo and the early chiropractors, Dr. Mobin, do you have an opinion as to whether or not their treatment and care for what you've seen in the records and what they did for Mr. Bauta was reasonable and necessary? Yes, they were reasonable and necessary. Can you explain why? Q So that is part and parcel of what we do in spine care for patients. Patients get treatments from spine providers, like chiropractors and physical therapists as the first providers in the majority of instances where there is soft tissue injury. So we try to get patients better with less invasive maneuvers. That's one of the principles we have, start from less invasive treatments, see how patients do. Ιf they don't do well, then we escalate the care. We go to

medical therapy, medications, pain management. If those fail,

then we will get a surgical consultation.

Mobin - direct - McElfish 1365 Just backing up for a minute, Dr. Mobin. You had 1 Q 2 testified in your review of materials that you reviewed the 3 records from both Evangelical Hospital in Pennsylvania and 4 Brookdale Hospital here in Brooklyn, the emergency room care that is contained in those records, do you have an opinion as 5 6 to whether or not it was reasonable and necessary for Mr. 7 Bauta as a result of this accident? 8 My opinion is that they were reasonable and necessary and 9 related to the accident. 10 Q Why? 11 Because he did not have any of those complaints 12 immediately prior to the accident. 13 Q Now, there were some physical therapy records that you 14 had reviewed from either doctor or PT Vincent Vasile. 15 THE COURT: I'd like to have a sidebar for a second. MR. McELFISH: Sure. 16 17 (Sidebar held outside the hearing of the jury.) 18 (Continued on next page.) 19 20 21 22 23 24 25

```
Sidebar
                                                                   1366
 1
                (The following sidebar held outside of the hearing
 2
    of the jury.)
 3
 4
 5
 6
 7
 8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
```

	Sidebar 1367
1	THE COURT: At some point in time are you going to
2	show him the bills?
3	MR. McELFISH: Yes, I'm going to show him on the
4	small screens later, but I want to get through the medical
5	care first. It is always wise to do bills after the medical
6	care.
7	THE COURT: So you're now saying whether the medical
8	care was reasonable or not?
9	MR. McELFISH: Yes.
10	MR. MANNION: And that's how I took it too.
11	MR. McELFISH: I'm just trying to walk through the
12	categories of medical care as to whether or not it was
13	reasonable and necessary.
14	THE COURT: All right.
15	MR. McELFISH: We have chiropractic. We have
16	emergency.
17	THE COURT: Fine.
18	MR. MANNION: I have gone an hour without an
19	objection.
20	MR. McELFISH: That's because you're here.
21	THE COURT: We will talk at a break about another
22	issue.
23	MR. McELFISH: Related to this witness?
24	THE COURT: Yes.
25	MR. McELFISH: Should I know now?

Sidebar 1368 1 THE COURT: And the special verdict sheet. 2 are going to have a post-trial hearing where we parse out what 3 is billed, what is -- what's the term? 4 MR. McELFISH: Charged. There's bill paid and 5 adjusted. 6 THE COURT: Adjusted, paid, and charged. 7 MR. McELFISH: Yes. 8 THE COURT: Shouldn't we have it in a special 9 verdict sheet rather than an overall category of past medical 10 care? Shouldn't we have it broken out by each provider? Otherwise, if I have a total that the jury finds, I will have 11 12 no way to link that to individual charges. 13 MR. MANNION: I think we have to. 14 MR. McELFISH: My initial reaction to that is no. Ι 15 mean, maybe. The reason why is once the jury awards past medical, and let's assume it is a number that doesn't match 16 what we think it is, you still, independent of what they heard 17 18 and they decide, you then look at the bills in the post-trial 19 proceeding and the payments and the adjustments are independent of what they decide. So let's say they decide 20 21 400,000, for instance, then you figure out in post-trial 22 hearings that there's a total reduction of the payments and 23 offsets 200,000. 24 THE COURT: What happens if it's more than what they 25 award?

Sidebar 1369 1 MR. McELFISH: What happens if what's more than they 2 award? 3 THE COURT: If the payments and adjustments are more 4 than what they award. MR. McELFISH: Zero. 5 6 THE COURT: Then he gets zero. 7 Yes, I think so, because that's the MR. McELFISH: 8 nature of the collateral source offset. 9 MR. MANNION: I'll talk to our appellate guy at the 10 break. Your Honor, our initial proposed verdict forms that we 11 submitted had it broken out. 12 But did you break it out by provider? THE COURT: 13 MR. BARMEN: We broke it out by type. 14 THE COURT: But even with that --15 MR. BARMEN: I think you're right. I think it has 16 to be by provider for purposes --17 MR. McELFISH: Well, I understand for this witness' 18 purpose just to walk through the bills by provider and ask for 19 the totals on each of the providers, and then I don't think it 20 affects him necessarily. But if it does, you'll let me know. 21 THE COURT: Not necessarily but tangentially. We 22 need to figure it out because we can get ourselves in a bind 23 at the end of the day. 24 (Sidebar concluded.) 25 BY MR. McELFISH: (Continuing)

```
Mobin - direct - McElfish
                                                               1370
         Let me begin with -- let's do it this way.
1
    Q
 2
              MR. McELFISH: Judge, small screens. We will go 308
 3
    for ID.
             I think this is a better way to go.
 4
              THE COURT: This is Plaintiff's Exhibit 308?
              MR. McELFISH: Yes, Your Honor. Ready?
5
              THE COURT: Yes. It's on my screen. Is it on your
 6
7
    screen?
8
              THE WITNESS: Yes, Your Honor.
9
    Q
         Okay. Dr. Mobin, if you would, please I have 308-001
10
    through 0017 on the small screens, the only question I want to
11
    ask you about this, is this, to your recollection, the
12
    Evangelical emergency room records that you reviewed in your
13
    medical review?
14
         I only see 001 on this.
    Ŋ
         Good point.
15
16
              THE WITNESS: Thank you.
17
              THE COURT:
                          He has got it. He has a hard copy in
18
    front of him.
                   Wait.
                          307?
19
              MR. McELFISH: 308.
20
              THE COURT: 308, okay. He has 308 in front of him.
21
              MR. McELFISH: You gave him your copy?
22
              THE COURT: Yes.
23
              MR. McELFISH: Because I want to go through them all
24
    and I will get him a separate book so you can have your copy.
25
              It might be several binders ultimately, but we will
```

Mobin - direct - McElfish 1371 start with those. Okay. I think we are ready. 1 2 Dr. Mobin, if you would, please, I have presented you 3 with the hard copy of 308, Plaintiff's Exhibit 308 for 4 identification. Is this a record that you reviewed in forming your opinion? 5 6 I believe so, yes. 7 I'm sorry? Q 8 Α Yes. 9 Q Okay. And is this -- let's do it this way: Is this 10 emergency room care and treatment that Mr. Bauta received on 11 that day reasonable and necessary for the injuries he received 12 in this accident? 13 Α It was, yes. 14 If you could, please, let's go to the next page, 309 for ID only. Is this -- what is this? 15 16 This is an itemized bill for Evangelical Community 17 Hospital services, which included the ER evaluation, the 18 immunization, the three set of CAT scans that were performed 19 and the medication that was dispensed and prescribed. 20 total bill is listed here. 21 Okay. And in your opinion, Dr. Mobin, for emergency room 22 care, based on your training and experience, is this bill 23 reasonable and customary for the services that were performed? 24 Α Yes, the bill is reasonable and customary. 25 MR. MANNION: Excuse me, can we put these up on the

Mobin - direct - McElfish 1372 small screen so I can see them. What number was that, 309? 1 2 MR. McELFISH: We are to 309 now, yes. 3 MR. MANNION: Or if you have one, that would be 4 great. MR. McELFISH: Yes. 5 6 MR. MANNION: Thank you very much. I appreciate it. 7 Q And, Dr. Mobin, since it is your opinion that the charges 8 are reasonable and customary in the community, can you tell 9 the jury how much that bill is? 10 Α Sure. 11 THE COURT: Before you do that, what do you do to 12 determine what is reasonable and customary? 13 THE WITNESS: Sure. So what I do is, as part of my 14 forensic medicine part of it, I look at hundreds of bills, maybe thousands of bills in my career across different 15 16 facilities, hospital, doctors, and, this case, through states. 17 The other thing I do is I look at a national database. It's 18 called Fair Health. Fair Health is the most recognized 19 database that we have. It's not the only thing that I rely 20 on, but it is a database that we use to determine the fair and 21 reasonable rates for care and treatment provided by hospital, 22 doctors and facilities. 23 Q Did you consult the database and, of course, check in on 24 your own experience and training in arriving at that opinion? 25 So I've done that in particular for the surgical

Mobin - direct - McElfish

cases and the codes that were provided for the two surgeries.

In particular for the emergency room costs, I'm well familiar with the cost for CAT scans. So the costs -- the numbers are variable. There's a wide range. What I am opining on is what's the reasonable number. So we have a hospital in my neighborhood called Cedar Sinai that I have seen bills for \$10,000 for a CAT scan. And do I say that's a reason number? No, because that's a number that they use because of their costs, whatever they have.

The bills that I see as an outpatient facility for an MRI or a CAT scan is about \$2,000, so this number that I see for 1,100 or 1,096 is actually within that range of reasonableness. That's what I'm opining about.

Q Just for now, to make sure there is enough foundation, you also have an opinion and the immunity vaccine, the ibuprofen, the Tylenol and everything that's broken down there?

A Right. So those are reasonable values and numbers for the services rendered. The ER Class 4 visit that they bill for 595 is what I have seen from emergency rooms.

Vaccinations and all of that, I'm less experienced with, but I believe it is a reasonable number for \$71 for a vaccination, which is tetanus vaccine which is part of the emergency room treatment for operations and suspicion of infection with tetanus.

```
1374
                        Mobin - direct - McElfish
         If you would, please, tell the jury what the total
1
    Q
 2
    emergency room bill was.
 3
         Total bill is $4,808.60.
 4
              MR. McELFISH: At this point, plaintiff moves to
    admit 309-001, and sorry, withdrawn. At this point, plaintiff
5
    moves to admit 309-0001 to 309-0002.
 6
7
              THE COURT: In other words, Plaintiff's Exhibit 309.
8
              MR. MANNION: Yes. Your Honor, no objection. There
9
    may be a redaction on there that we can talk about later, if
10
    you can all see that.
              THE COURT: Is it on a particular line?
11
12
              MR. MANNION: Yes. Right here. We have agreed on
13
    the redaction.
14
              THE COURT: We are not going to publish it to the
15
    jury, are we?
16
              MR. McELFISH:
                              No.
              THE COURT: I will receive 309 in evidence subject
17
18
    to redaction.
19
               (Plaintiff's Exhibit 309 was received in evidence.)
20
    Q
         Now, Dr. Mobin, to perhaps speed up a little bit, if you
21
    would go to 310 for ID in the book.
22
    Α
         Yes.
23
    Q
         So can you identify the exhibit?
         This is a continuation of the Brookdale Medical Center
24
25
    records that includes patient demographics and I believe these
```

Mobin - direct - McElfish 1375 are EMR records from the hospital, which includes different 1 2 dates of encounters all the way from the 10/10/2013, which is 3 the next day after the incident through, I believe, October of 4 2015. All right. And based upon, and I want to carefully frame 5 6 this question, based upon your review of these records, was 7 the emergency room visit of 10/10/13 related to the accident 8 reasonable and necessary for his treatment and care in this 9 case? 10 Α Yes. 11 Q And if you would please --12 MR. McELFISH: By the way, Your Honor, I want to go 13 back and move into evidence 308, which is the emergency room 14 records at Evangelical. 15 THE COURT: Any objection? 16 MR. MANNION: One moment real quickly. I want to 17 make sure I see what's in there. 18 THE COURT: Sure. 19 MR. MANNION: No objection. 20 THE COURT: We will receive 308 in evidence. 21 (Plaintiff's Exhibit 308 was received in evidence.) 22 Now, back to where I was at 310, Dr. Mobin, if you go to 23 pages 310-001 through 310-0015 for ID, are those the records 24 that were related to the 10/10 visit right after this 25 accident?

```
Mobin - direct - McElfish
                                                               1376
1
    Α
         That is correct, yes.
 2
         Was that treatment reasonable and necessary for the
 3
    injuries that he received in this accident?
 4
    Α
         They were.
5
              MR. McELFISH: I move to admit those pages, 310-001
6
    through 310-0015.
7
              MR. MANNION: No objection, if there are similar
8
    issues with the redaction, if we can address that.
              MR. McELFISH: No problem.
9
10
              THE COURT: It is received 310 subject to redaction.
11
               (Plaintiff's Exhibit 310 was received in evidence.)
12
              MR. MANNION: One moment, Your Honor. Okay.
13
    ahead.
14
         If you would turn now, Dr. Mobin to 311 for
    identification. That exhibit is only one page. Can you
15
16
    identify it for the jury, please?
17
                These are the itemized charges, including the
18
    emergency room and the pharmacy charges that were in
19
    conjunction to the 10/10/2013 visit.
20
              MR. MANNION: May we approach, Your Honor?
21
              THE COURT: Yes.
22
              MR. McELFISH: I think I can handle what the sidebar
23
    is going to be. Can I ask the next question?
24
              MR. MANNION:
                            That's fine.
25
         Dr. Mobin, in looking at the exhibit, please, first of
    Q
```

```
Mobin - direct - McElfish
                                                                1377
    all, can you tell us whether or not the bill for the services
1
 2
    provided on just the 10/10 date after the accident are
 3
    reasonable and customary?
 4
    Α
         They are, yes.
         If you would, please, because of what Mr. Mannion is
 5
 6
    thinking about, would you look at the total charge line in the
7
    middle of the page?
8
              MR. MANNION: What page again?
9
              MR. McELFISH: 311-001. I'm sorry, I shouldn't say
10
    that. 311.
                 It's only a one-page exhibit.
    Α
         Yes.
11
12
         You have emergency room, pharmacy, and then total
13
    charges. Do you see that?
14
    Α
         Yes.
         Can you tell the jury that number?
15
    Q
16
    Α
         Yes, it's $1,023.61.
17
              MR. McELFISH: Plaintiff moves to admit 311.
18
              MR. MANNION:
                             No objection.
19
              THE COURT: Received.
20
               (Plaintiff's Exhibit 311 received in evidence.)
21
              MR. MANNION: May we approach now?
22
              THE COURT: Yes.
23
               (Sidebar held outside the hearing of the jury.)
24
               (Continued on next page.)
25
```

	Sidebar 1378
1	(The following sidebar held outside of the hearing
2	of the jury.)
3	MR. MANNION: Maybe this was just their copy, I
4	thought these were the medical records that were provided from
5	subpoena, because at the beginning of it it has a subpoena,
6	but look what we have in here, there is bolding and
7	underlining and highlighting parts of those medical records.
8	MR. McELFISH: Let me see.
9	MR. MANNION: Yes.
10	MR. McELFISH: I don't think we did that. If you
11	have something different, I'll agree to your copy.
12	MR. MANNION: Okay.
13	MR. McELFISH: How am I supposed to underline an
14	emergency room record? Yours has it too, doesn't it?
15	MR. MANNION: No, it doesn't.
16	MR. McELFISH: Let me see.
17	MR. MANNION: Here is the original, Your Honor, and
18	here's what they have. It goes on throughout there.
19	MR. McELFISH: Guys, first of all, Tom, I could care
20	less about that. I didn't do it.
21	MR. MANNION: As long as it is replaced with the
22	correct one.
23	MR. McELFISH: It will be replaced. We will work
24	that out.
25	THE COURT: Okay.

```
Sidebar
                                                                 1379
               MR. MANNION:
                             Thank you.
 1
2
               MR. McELFISH: I think the clerk in the emergency
    room is a plaintiff --
3
               MR. MANNION: Come on.
 4
               THE COURT: We'll work it out.
 5
               (Sidebar concluded.)
 6
               (Continued on the following page.)
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
```

Mobin - direct - McElfish 1380 1 MR. McELFISH: Where were we? 2 THE COURT: I think we have 310 and 311 have been 3 received in evidence. 4 MR. McELFISH: 309, 310, and 311 so far. THE COURT: Yes. 5 6 MR. McELFISH: Subject to redaction and subject to 7 discussion. 8 THE COURT: Yes. 9 Dr. Mobin, please go to 312 for identification. 10 represent to you that 312, the parts that matter are already in evidence. 11 12 MR. McELFISH: It starts with McGowan's records, 13 Your Honor. 14 THE COURT: Yes. MR. McELFISH: So I think we can move past that. 15 16 But while we are on it, 312 in evidence, Dr. Mobin, can 17 you identify it? 18 Α These are records, treatment reports from chiropractor Dr. McGowan. 19 20 And she's one of the first providers to see Mr. Bauta 21 within a few days of the accident or within a week after the 22 accident? I believe within a week after the accident. 23 Α 24 Have you reviewed these records to determine whether or 25 not her treatment was reasonable and necessary related to the

Mobin - direct - McElfish 1381 injuries? 1 2 Yes. 3 And what's your opinion on that? 4 They were reasonable and related to the October 9, 2013 accident. 5 MR. McELFISH: To the extent these records are not 6 7 admitted, Your Honor, I move to admit them. I believe some of 8 them are in. We can work that out later, Mr. Mannion. 9 MR. MANNION: I have no objection, Your Honor, as 10 long as we can compare these to the certified copy and there 11 are no issues as we discussed at the sidebar. 12 MR. McELFISH: We also can compare them to what has 13 already been admitted because you were not here that day. Part of this was admitted. That's all. 14 15 Moving on? Just a second. We will have further 16 THE COURT: 17 colloquy on this. I'll receive it to the extent it is 18 consistent with what has already been received and when Dr. 19 McGowan testifies and we will follow up afterwards. 20 MR. McELFISH: Thank you. A similar issue on 313 21 and really, frankly, just to make sure. 22 (Continued on next page.) 23 24 25

```
Mobin, MD - direct - McElfish
                                                                1382
    EXAMINATION CONTINUES
1
 2
    BY MR. McELFISH:
 3
         Dr. Mobin, can you please turn to 313 and identify this
 4
    record for ID, please?
               It's a itemized charge for date of service
 5
    Α
 6
    October 17th, 2013 by Geraldine McGowan, DO.
7
               And have you reviewed her bill to see if it's
8
    reasonable and necessary -- I'm sorry, reasonable and
9
    customary?
10
         Yes, it's reasonable and customary.
    Α
         And can you tell the jury how much it is?
11
    Q
12
         It was for $104.07.
13
              MR. McELFISH: We move to admit 313, Your Honor, on
    the same basis that it's probably in, but just to be sure.
14
15
              MR. MANNION: No objection.
16
              THE COURT: I'll receive it.
               (Plaintiff's Exhibit 313 was received in evidence.)
17
18
    Q
         Let's go to 314, Dr. Mobin.
19
    Α
         Yes.
20
         And can you identify this set of records, please?
21
         So these are records from Vincent Vasile, the certified
22
    physical therapist. And it includes his records, and also
23
    records from New York Spine, who referred the patient for
24
    physical therapy.
25
         Okay. And can you just give the jury an idea of what
```

```
1383
                     Mobin, MD - direct - McElfish
    kind of treatment Mr. Bauta received by Doctor or Physical
1
 2
    Therapist Vasile, please?
 3
         Sure.
                Mr. Vasile has documented multiple entries for the
 4
    physical therapy that was rendered. It includes range of
    motion modalities and manual traction modalities that were
5
 6
    provided and administered to Mr. Bauta. And the dates are
7
    within the records, which start from, roughly,
8
    November of 2013 and go all the way through the second
9
    surgery, which was done in 2016, all the way -- the last date
10
    of entry of January 3, 2017.
         And in an effort to save time, Dr. Mobin, was the
11
12
    treatment and care, the physical therapy, the modalities that
13
    were provided by Dr. Vasile or -- I keep saying that, Physical
14
    Therapist Vasile -- in your opinion reasonable and necessary
15
    for the injuries he received in this accident?
16
         They were, yes. They were reasonable and necessary.
17
              MR. McELFISH: And for the Court, counsel and the
    record, that exhibit is 314 dash, and I will try to go slow,
18
19
    0001 through 314-0028.
20
              Plaintiff moves to admit, subject to any redaction
21
    that Mr. Mannion and I discuss.
22
              MR. MANNION: Can we just approach briefly?
23
              THE COURT: Yes.
24
               (Sidebar held outside the hearing of the jury.)
25
               (Continued on the following page.)
```

1384 Sidebar 1 (The following sidebar took place outside the 2 hearing of the jury.) 3 MR. MANNION: Okay, a couple issues. 4 I don't want to, obviously, make you bring every single provider in to say it's their records, so I am not 5 6 going to object on this basis as long as I am not going to get 7 any problems when I try to use medical records and you tell me 8 I have to bring the provider in. I don't think --9 MR. McELFISH: If it's in, it's in. 10 MR. MANNION: Well, but that's not what I'm saying. 11 You may not put all the records in. 12 MR. McELFISH: I just did. I am saying in that 13 particular exhibit -- I don't know what else you're talking 14 about, but in that exhibit, I put everything in. 15 MR. MANNION: What I'm saying, in the medical 16 records that are in here, subject to any admissibility 17 arguments, you are not going to give us any problems with 18 authenticity or bringing providers in? 19 MR. McELFISH: Listen, you are making me do all 20 this, so I am not going to say that I'm not. I mean, if you 21 agree to these records and you agree to these bills, then we 22 That's what I've been trying to get at. have a deal. 23 MR. MANNION: That's what I said. If I agree to let 24 these in, you are not going to give me a problem. 25 MR. McELFISH: I don't know what you're talking

Sidebar 1385 about. 1 MR. MANNION: I mean, technically, I don't think 2 3 this gentleman can --4 THE COURT: All he can testify to is these are the records that you sent me and that I reviewed. 5 6 MR. MANNION: Right. 7 THE COURT: He cannot testify as to whether they are 8 the actual records from this physical therapist. 9 He does not know. 10 MR. McELFISH: There is a waiver of authenticity and 11 foundation. We've already covered this. A, you agreed to it --12 13 THE COURT: That is true, they have waived 14 authenticity. 15 MR. McELFISH: No, the other way around. Thev 16 agreed to authenticity and waived foundation. 17 THE COURT: Do you agree to the foundation? 18 MR. SAAL: No, we never agreed to the foundation. 19 MR. McELFISH: No, Judge, the other way around, I'm 20 sorry. Let me explain. No, let me explain. 21 THE COURT: That is what I said. 22 MR. McELFISH: Please, for a second. I can make 23 this simple. 24 They agreed in several e-mails that they agreed to 25 authenticity. They waived foundation in the Rule 16 because

1386 Sidebar it's not objected to, and we've already had this discussion. 1 2 THE COURT: You did not object to foundation in the 3 Joint Pretrial Order? 4 MR. McELFISH: To some things, he did. MR. SAAL: He still has to lay foundation for the 5 6 exhibit. 7 MR. MANNION: I am just trying to make this easy. 8 THE COURT: If he turns it on you, don't worry about 9 it. It is a two-way street. 10 MR. MANNION: Okay. 11 THE COURT: No one is bringing in every single 12 provider to lay a foundation --13 MR. MANNION: Right, exactly. 14 THE COURT: -- for all these records. If we are 15 going to get them in, we are going to let them in. 16 MR. McELFISH: I would never turn on anybody. All 17 I'm saying is, if he's asking me to agree to something, I've 18 been pre-agreeable, so whatever it is, I'll try to agree. 19 MR. MANNION: The second issue is, as you see in 20 here again, we have highlights. There are several places in here where there are highlights. 21 22 THE COURT: I do not see that on my copy. 23 MR. MANNION: We agree. 24 MR. McELFISH: That's because we were kind enough to 25 give you our book which we were marking on, and now you're

Sidebar 1387 1 making objections on it. 2 THE COURT: Come on. 3 MR. McELFISH: We can deal with this stuff, guys. 4 THE COURT: I do not see any in the copy that I have, and what is going to the jury there will be no 5 highlights, no edits. 6 7 MR. MANNION: Okay, we will clear that up. So all 8 my objections are with that caveat. 9 THE COURT: Okay. 10 MR. McELFISH: And I will say, Judge, I don't know 11 what's in their copies. That's something we gave them as a 12 I don't want highlights and underlining going to courtesv. 13 the jury. I could care less. 14 MR. MANNION: I just want to make sure the record is clear. 15 16 THE COURT: We can clear up the highlights and 17 underlining and handwritten notes later, but you are going to 18 have to do that quickly, because when I give them that charge, 19 they are going back to render their decision, and if they want 20 to see exhibits, they have got to be ready. 21 MR. MANNION: Thank you, Your Honor. 22 (Sidebar concluded.) 23 24 (Continued on the following page.) 25

```
Mobin, MD - direct - McElfish
                                                                1388
               (In open court - jurors present.)
1
              MR. McELFISH: Proceed?
 2
 3
              THE COURT: 314, subject to redactions.
               (Plaintiff's Exhibit 314 was received in evidence.)
 4
    EXAMINATION CONTINUES
 5
    BY MR. McELFISH:
 6
7
         Now, going over to 315, I have a couple of questions
8
    about that, Dr. Mobin.
9
              As an expert, in your review of these records, were
10
    you able to determine the length of time or the span of
    treatment by Physical Therapist Vasile in his office?
11
12
    Α
         Yes.
13
         Can you tell the jury what it was, please?
    Q
14
         So the physical therapy started with Mr. Vasile on
    October 16th, 2013, and then it continued through dates of
15
16
    service of 2017.
         And if you would, please, turn to -- if you would turn to
17
18
    315-0014, can you tell the jury, at least according to this
19
    document, when the last physical therapy visit was?
20
         That was May 8th, 2017.
    Α
21
         So on and off intermittently, Mr. Bauta received physical
22
    therapy for three-and-a-half years?
23
    Α
         Yes.
         No, no, I'm sorry. Two-and-a-half years?
24
    Q
25
    Α
         Well, 2013 through 2017.
```

```
Mobin, MD - direct - McElfish
                                                                1389
         Oh, sorry. Three-and-a-half years?
1
    Q
 2
    Α
         Three-and-a-half years.
 3
    Q
         Okay. And you've reviewed the charges on each of these
 4
    visits?
 5
    Α
         I have, yes.
 6
    Q
         Are they reasonable and customary in the field?
7
    Α
         They are, yes.
8
         And they are backed up by the Fair Health database?
9
    Α
         They are within the ranges that I've seen multiple times
10
    from physical therapists and facilities that provide that.
11
         And if you would, please, did you review the balance of
12
    the bills added up on 315-0014?
13
    Α
         Yes.
14
         And is that a number that's customary and reasonable, in
    your opinion?
15
16
         For this duration and length of therapy, yes.
17
    Q
         Okay. Can you tell the jury how much it is?
18
    Α
         It is for $8,528.41.
19
              MR. McELFISH: Plaintiff moves to admit 315-0001
20
    through 315-0014.
21
              MR. MANNION: No objection, Your Honor.
22
              THE COURT: Received.
23
               (Plaintiff's Exhibit 315-0001 through 315-0014 was
24
    received in evidence.)
    BY MR. McELFISH:
25
```

Mobin, MD - direct - McElfish 1390 Now, going over to 318 for identification, please. 1 Q 2 Α Yes. 3 Q Can you identify these records? 4 So these are the New York Medical Rehabilitation Center records, which include records from Dr. Liebowitz; 5 6 Dr. Capiola. Those are the two physicians I've seen records 7 from. 8 Okay. And can you give the jury an idea of the kind of 9 work that these gentlemen did for Mr. Bauta in the treatment 10 that you have reviewed? So Dr. Capiola and Dr. Liebowitz, both orthopedic 11 12 surgeons, have generated reports documenting the encounters 13 with Mr. Bauta, and they've also rendered opinions regarding 14 treatments, and directed some of the physical therapy that he 15 received with Physical Therapist Vasile. 16 What kind of doctor, to your knowledge, is Dr. Capiola? 17 Α He is an orthopedic surgeon. 18 Q And if you would, please, did you consider his diagnosis 19 in forming your opinion about Mr. Bauta? 20 Α Yes. 21 Q And if you would, go to 318-0027 for ID. 22 What was his diagnosis? 23 Α The report is dated December 22nd, 2014. Diagnoses are 24 under that page that you mentioned, which included 25 post-traumatic right knee, internal derangement, which means

```
Mobin, MD - direct - McElfish
                                                                1391
    damage to the knee, itself. Post-traumatic right leg, focal
1
 2
    subcutaneous soft tissue, meaning that there's swelling in the
 3
    ankle area and then the right leg. Post-traumatic left elbow
    sprain, pretty self-explanatory. And then post-traumatic disk
 4
    herniations at the C4/5, C5/6, C6/7 dash or slash disk bulges
5
6
    at C2/3 and C3/4. And last, but not least, post-traumatic
7
    bulging L2/3, L3/4, L4/5, intervertebral disks, large disk
8
    herniation L5/S1.
9
         So he is yet another surgeon that has reviewed Mr. Bauta?
10
    Α
         That is correct.
         And that, I believe you said, was in December of '13?
11
    Q
12
          '14, this particular report, but they've seen Mr. Bauta
13
    earlier. October of 2013 -- October 30th, 2013, the first
14
    report, and then December 22nd, 2014, which we just discussed
15
    the diagnoses.
16
         I just want to go back for a minute. Go back to 318-0002
    for ID.
17
18
    Α
         Yes.
19
              THE COURT: 002 or 22?
20
              MR. McELFISH: 2.
21
              THE WITNESS: Oh, I'm sorry. Okay.
    BY MR. McELFISH:
22
         What is the date of this record?
23
    Q
24
    Α
         October 30th, 2013.
25
    Q
         And with respect to the low back and the right leg, what
```

1392 Mobin, MD - direct - McElfish was Dr. Capiola -- what were his findings at that time? 1 2 So this is the template form and they have written, 3 handwritten, lower back pain/right knee, shin. Right knee and 4 shin. And he was seen again by Dr. Capiola a number of times? Q 5 Α 6 That is correct. 7 Q And I just wanted to -- was there testing with respect to 8 the low back pain done by these doctors? 9 Α (No response.) 10 Q And I can maybe direct you to 318-0026. Α 11 Yes. 12 What testing was done? Q 13 So, under the objective testing, they have views of the 14 X-rays and MRIs. Okay. And if you go to 318-0026 for ID, let's first link 15 Q 16 this document up to a date. What is the date of that report? 17 And if you could go back to page 24, it has the date. 18 Α The date is December 22nd, 2014. 19 And what -- going back to page 26, what was the course of 20 treatment that these spine surgeons recommended for Mr. Bauta? 21 They had recommended physiotherapy, which was what was carried out, and pain management, including epidural steroid 22

injection for his spine. And the referral was done by Dr. --

to Dr. Terrance Winn, who actually performed the test on

23

24

25

March 17th, '14.

Mobin, MD - direct - McElfish 1393

- 1 Q Now, I believe in my qualifications of you, Doctor, I
- 2 | neglected to ask you, are you board certified?
- 3 A Yes.
- 4 Q And in what field are you board certified in?
- 5 A Neurological surgery.
- 6 Q Okay. And to the extent that Dr. Capiola had treatment
- 7 | and care for Mr. Bauta identified in Exhibit 318, do you have
- 8 | an opinion as to whether or not that treatment and care was
- 9 reasonable and necessary for the injuries in this accident?
- 10 A I do. I believe that the care and treatment were both
- 11 | necessary and reasonable, and related to the accident.
- 12 Q If you could go to 319, page 1, please.
- 13 A 319?
- 14 | Q Yes.
- 15 A Okay.
- 16 Q Can you identify this record?
- 17 | A Yes. This is the itemized bill regarding the encounters
- 18 | with Orthopedic Specialists starting on October 30th, 2013
- 19 | through March 16th, 2015.
- 20 Q Are you able to say, Dr. Mobin, whether or not the bills
- 21 | that are charged for those services on those individual dates
- 22 | are reasonable and customary in the community?
- 23 A They are in the lower range of the reasonable and
- 24 | customary rate. They are reasonable, yes.
- 25 | Q And can you tell us what the total is at the bottom,

```
Mobin, MD - direct - McElfish
                                                                1394
    under amount due?
1
 2
         $1,042.85.
 3
              MR. McELFISH: Plaintiff moves to admit just
 4
    319-001.
5
              MR. MANNION:
                             No objection to 001.
              THE COURT:
 6
                          Received.
7
               (Plaintiff's Exhibit 319-001 was received in
8
    evidence.)
9
    BY MR. McELFISH:
10
    Q
         Okay, now, going over to 320 for ID, can you --
11
    Dr. Mobin, can you please describe for the jury what this
12
    record is?
13
         This is a MRI report addressed to Geraldine McGowan, DC,
14
    who is the doctor addressed in the letter as the referring
15
    source for the MRI of the lumbar spine. And it gives a
16
    description of the lumbar MRI, with its detailed description
17
    and impression, by Dr. Jacob Lichy, M.D.
18
    Q
         We are going to get into the films later and talk about
19
    what's on the films later, but for purposes of these series of
20
    questions, is this reasonable and necessary having these MRIs
21
    done for the injuries Mr. Bauta sustained in the accident?
22
    Α
         Yes, they are.
23
         And can you be specific as to -- not getting into what
24
    the films reveal at this time, but can you give the jury an
25
    idea of how many films were done and what they were done for?
```

```
Mobin, MD - direct - McElfish
                                                                1395
         So, Mr. Bauta had multiple imaging studies, including
1
 2
    X-ray of the spine and knee. And MRIs of the cervical spine,
 3
    which is the neck, and the lumbar spine, which is the lower
 4
    back, along with CAT scans of the cervical spine, which were
    done -- I believe he had a CAT scan of his head also at some
5
 6
    point.
7
              MR. McELFISH: Plaintiff moves to admit 320-1
8
    through 24.
9
              MR. MANNION:
                             I'm sorry?
10
              THE COURT:
                          320 --
11
              MR. MANNION: I got confused on that one.
12
              MR. McELFISH: Sorry, I am trying to leave some
13
    zeros out.
                320-0001.
14
              THE COURT: So Plaintiff's Exhibit 320?
15
              MR. MANNION: Yes, no objection.
16
              I thought it was 320 to 324.
17
              THE COURT: Exactly. Received.
              MR. McELFISH: Judge, I do that just in case there's
18
19
    a dispute about how many pages. That's all.
20
               (Plaintiff's Exhibit 320 was received in evidence.)
21
              MR. McELFISH: So it is four pages, basically.
22
    BY MR. McELFISH:
23
    Q
         All right. Now going to 321 for identification --
         Yes.
24
    Α
25
         -- can you tell the jury what this document is, or
```

Mobin, MD - direct - McElfish

1396

- 1 | exhibit is?
- 2 A This is a bill generated by Precision Imaging of New
- 3 York. It includes the study dates of November 7, 2013;
- 4 November 18, 2013; February 11th, 2015; which correspond to
- 5 the dates of service for four different MRIs.
- 6 Q Now, Dr. Mobin, as to the first three images that were
- 7 | taken, can you give the jury an idea of what the dates were?
- 8 A So the first two sets of MRIs are from the neck and the
- 9 | lower back, and they are within the first month of the
- 10 | incident, which is November 7th, 2013.
- 11 Q Okay. And what about the last one?
- 12 A The last one is an MRI of the lumbar spine, which was
- 13 performed on February 11th, 2015.
- 14 Q And to your understanding, in reviewing these records as
- 15 | an expert witness, Dr. Mobin, is that the MRI that
- 16 Dr. Cordiale requested prior to surgery?
- 17 A I was going to continue with that, yes.
- 18 Q Oh, sorry.
- 19 A That is the preoperative MRI ordered by New York Spine
- 20 | Specialists, and the lead surgeon was Dr. Cordiale.
- 21 | Q And can you give the jury the individual charges for the
- 22 | films, please?
- 23 A Yes. The individual charges are 1,800 each.
- 24 | Q And what is the total for the bill for the MRI center?
- 25 A The total bill is 7,200.

```
Mobin, MD - direct - McElfish
                                                                1397
         And that is a one-page exhibit, 321.
1
    Q
 2
              MR. McELFISH: Plaintiff moves to admit.
 3
              MR. MANNION:
                             No objection.
 4
              THE COURT:
                          Received.
               (Plaintiff's Exhibit 321 was received in evidence.)
 5
 6
              MR. McELFISH: One moment, Your Honor.
7
              THE COURT: Anyone need a break?
8
              Okay, let's keep going.
9
    BY MR. McELFISH:
10
    Q
         Let's go to 324 for identification.
11
    Α
         Okay.
12
         Can you describe for the jury what this document is?
13
         This is a MRI report from Precision Radiology addressed
14
    to Andrew Cordiale, DO, who is the surgeon requesting the
15
    study. It includes a detailed description of the study, with
16
    its impressions.
17
    Q
         And can you tell the jury the date of this MRI, please?
18
         The date of service is October 29th, 2017.
19
         All right. And briefly, what would be the purpose, as an
20
    expert neurosurgeon, for a postoperative MRI like this?
21
         So the neck MRI is being ordered in conjunction with
22
    Mr. Bauta's continued complaints of neck pain.
23
              And then there is a almost contemporaneous study,
24
    which is October 31st, '17, which is the postoperative MRI
25
    ordered by Dr. Cordiale for the same reason, continued
```

```
Mobin, MD - direct - McElfish
                                                                1398
    postoperative pain in lower back region.
1
 2
         And in your opinion, Dr. Mobin, why were these ordered?
 3
         Continued pain. Still having symptoms since the surgery.
         Okay. And if we can, please, I want to go to 326-6, or
 4
    ()
    0006 for ID.
5
 6
              Can you identify this?
         I'm sorry. What's the number again?
 7
    Α
8
    Q
         324-006.
9
         Yes, okay. These are the two view X-rays of the neck and
10
    the lower back from December 26th of '13, read by Dr. Jacob
11
    Lichy, M.D.
12
         Okay. Let's go over to -- whoops, sorry.
13
              MR. McELFISH: 324 then, plaintiff moves to admit.
14
              MR. MANNION: No objection.
15
              THE COURT: The entirety of it?
16
              MR. McELFISH: There is one duplicative page, but
17
    otherwise, yes.
18
              THE COURT: Since there is no objection, we'll
19
    receive it.
               (Plaintiff's Exhibit 324 was received in evidence.)
20
21
              MR. McELFISH: And for the record, it is 324-0001
22
    through 324-0006.
23
    BY MR. McELFISH:
         Going over to 325 for identification , can you identify
24
25
    this record for the jury, please?
```

```
Mobin, MD - direct - McElfish
                                                                1399
                 So these are the Precision Radiology itemized
1
         Right.
 2
    billing for the October 19th, 2017 service date for the MRI of
 3
    the neck and lower back.
 4
         And the pricing for the MRIs in 2017, are they not the
    same price as they were in '13?
 5
 6
    Α
         They are identical, yes.
 7
         Okay. And how much were they each?
    Q
         1,800.
8
    Α
9
    Q
         And what is the total bill for the two?
         3,600.
10
    Α
11
    Q
         Is that reasonable and customary in the community?
12
    Α
         It is, yes.
13
              MR. McELFISH: Plaintiff moves to admit 324-0001
14
    only.
15
              MR. MANNION:
                             No objection.
16
              THE COURT: Received.
17
               (Plaintiff's Exhibit 324-0001 was received in
18
    evidence.)
    BY MR. McELFISH:
19
20
         Okay, let's go to 326 for identification.
21
              Can you, Dr. Mobin, identify this set of records,
22
    which spans 326-0001 to 326-0154?
               So this is a set of records that include treatments
23
24
    of Mr. Bauta at the Accelerated Surgical Center, and also
    includes treatment from other providers, chiropractors that
25
```

1400 Mobin, MD - direct - McElfish were taking care of Mr. Bauta. And pain management specialist 1 2 Dr. Alladin and other physicians who performed the procedures, 3 such as Dr. Winn. 4 Now, before we get to the reasonableness and necessity of the treatment that is in these records, sir, I want to just 5 ask you briefly about facet blocks and epidurals, okay? 6 7 Right. As a neurosurgeon, sir, what is the medical benefit, in 8 9 your view, of having a facet block like Mr. Bauta had in this 10 case? 11 So, the primary purpose for the facet block, as the name 12 implies, it's to block the nerve that goes to the joint. 13 physicians are concerned about the joint, mechanical stress 14 being departed upon the joint causing pain. So they go in and 15 they block the nerve that goes to the joint, trying to 16 decrease the -- what we call the mechanical -- the pain that's 17 produced by movement of the spine away. 18 Q And when a facet block is done on a particular nerve, is 19 that something that's done to, A, diagnose the problem; and, 20 B, treat the problem, or both? 21 So it's actually both. I have kind of a skewed view 22 because I see the patients that fail this procedure, but 23 generally what we do is we try to get the patients treated 24 with the facet blocks. But it also has a diagnostic value for 25 the surgeon, in particular, because if somebody comes in and

1401 Mobin, MD - direct - McElfish says, Doc, after the facet block, I was able to run again, I 1 2 was able to lift my kids again and my backhand was a lot 3 better, that tells me the particular problem is with the facet 4 joint more so than it is with the disk. But if the patient comes back and says, No, the facet block helped me for about 5 6 50 percent, maybe for 30 percent, then I would ascribe some of 7 that problem to the disk. 8 So this is what we do daily in the clinic is to try 9 to figure out what elements of the spine are causing pain. 10 it the joints or is it the disk? And in order to figure out 11 which one is causing it, the best or the easiest area to 12 approach or have access to is the facet joint. So we try to 13 take that out of the equation and figure out, is the disk the 14 primary cause of pain of the pain or not. 15 So it has a diagnostic value. 16 17 (Continued on the following page.) 18 19 20 21 22 23 24 25

Mobin - direct - McElfish

BY MR. McELFISH: (Continuing.)

Q And so that's the facet block, what -- how does an epidural differ and -- from your point of view as a neurosurgeon?

A So epidurals are in a sense given -- the medicine is provided to a different space than the facet. The facets are sitting more outside of the spine. As the records indicate, the doctors went in with particular needles and they put the needles on the X-ray guidance to the center of the joint to block the nerve endings in the joint. Generally facet blocks are done to, again, block a nerve to the point. Epidurals I'm sure most of the jurors have heard for a pregnant lady. You put a needle through the spine to block the nerve from the belly down so the pregnant woman can deliver a baby without too much pain. Instead of general anesthesia, they can do spinal anesthesia. The individual can be completely insensate from a particular level of anesthesia to lower levels so they have no pain. You could put pins in their legs and they don't feel anything.

So the concept of the epidural is very similar to that. We're putting a needle into the potential space, which is called the epidural space. The dural being the covering of the nerves, remember that tunnel we talked about. All of those nerves are going through the dura and the dura is the covering around the nerves in the tunnel. So imagine going

Mobin - direct - McElfish

1403

1 through the Holland Tunnel and there's a little tent within 2 the tunnel, that tent is the dura. If somebody comes from the top of the tunnel, there's an air vent and they're putting a 3 4 needle through that air vent without piercing the tent, that's what they have to go through. If you pierce the tent, there's 5 6 water in that tent. That's spinal fluid it can leak out and 7 cause spinal headaches. It's done through that area into that 8 epidural space through into the epidural space right over the 9 10th and the doctors give steroids and numbing medicine to 10 take away the shooting pain down the leg and also help with 11 the back pain.

- Q Okay. And are the epidurals also done both diagnostically and for treatment?
- 14 A Yes.

12

13

- 15 Q The same reason?
- A So the epidurals, this is what I tell my patients is that
 we try to get you through this without surgery. We're going
 to do the epidurals to help you with your leg pain. Your pain
 can get better, but your weakness may not get better.
- 20 Q And why is that?
- 21 A Because you have to remember what an epidural is.
- 22 | Epidural is just giving medication to take inflammation away
- 23 | from the nerve. It's a biological process. It doesn't take
- 24 | away large disc herniations off of the nerve. So there are
- 25 | two problems at play. The disc itself has a mass that's

Mobin - direct - McElfish

putting pressure on the nerve. It's having your hand in the door and somebody knocking the door on your hand and someone giving you morphine. Eventually your pain goes away, but in the meantime your hand is getting swollen. We need to open the door and get the hand out. That's the surgery part. What I tell my patient is there is a reason that you have pain because your body is telling you something is wrong. We're going to take that pain away from you and you're going to say, Doc, my pain is better, I am cured.

All of a sudden they walk and their leg gives out because the leg is still under pressure. That's the mechanical part of the problem. They are both therapeutic and diagnostic.

Q And just quickly rhizotomies and ablations?

A So rhizotomy or ablation is basically saying the same thing. In the instance where we have a patient that comes back and says, Doc, that nerve block is the best thing I had since this pain started. It only lasted a few times. So we do one more time to make sure it works. The third time what we can do is instead of just giving a numbing medicine like a nerve block or a steroid for a short-term relief, they actually put a special needle called a radio frequency needle. It's very similar to the spinal needle that they put in, it has the same caliber and the same size, but the tip is a special tip. It has a radio frequency probe which is

Mobin - direct - McElfish 1405

connected to a sophisticated machine that can produce radio frequency like microwave and it burns the nerve. It cooks the nerve in a vary focal location because you don't want to cook the entire nerve because if that happens then they can't use their leg. That's not a good outcome.

This is a very sophisticated machine that allows us to do a pinpoint ablation, pinpoint destruction of the nerve that usually causes pain and that's what a rhizotomy is.

- Q And are all of these procedures, facet block, epidurals, rhizotomies, ablations are they done in either a hospital or an ambulatory surgery center?
- 12 A They're usually done at either of those facilities, yes, 13 hospital or surgery centers.
- 14 Q Can you do them in an office?

1

2

3

4

5

6

7

8

9

10

11

20

21

22

23

24

25

- 15 A You can if the office is well-equipped and they have certifications to do so.
- Q Okay. And does the patient -- when a patient undergoes any of these procedures that we just discussed, is anesthesia used?
 - A So for the rhizotomy, I would highly recommend anesthesia because the ablation of the nerve is very painful. There's some individuals that are absolutely averse to anesthesia, so they get sedation, but generally most of these procedures can be done under sedation or general anesthesia.
 - Q How many of these procedures did Jose Bauta have?

Mobin - direct - McElfish 1406

A So, I have a list of procedures to answer these "how many" questions for you. I counted six different procedures for Mr. Bauta including epidurals, facet blocks and facet blocks rhizotomies, maybe seven.

Q In each of those six times did Mr. Bauta undergo anesthesia or sedation and if you could explain?

A As part of the procedure, there's a surgeon involved which actually does the procedure itself and there's anesthesiologists that monitors the patient. You have to remember, the patients are usually done face down. They're flat on their stomach and they can lose their airway. Joan Rivers is one of the victims of this. She lost her airways and she died.

MR. MANNION: Objection, move to strike.

THE COURT: Overruled.

A This is an important point that we need to have an individual anesthesiologist that will maintain the airway for the patient. We're sedating an individual and that means you're going to sleep and if you are going to sleep like this you can close down your airway. The carbon dioxide goes up, you get hypercapnic and they go into cardiac arrest. So that is a very important part of the procedure to make sure that patients' airways are well-controlled.

Now, do you generally have the span -- we heard from

Dr. Winn, but do you have the span of treatment for this care

Mobin - direct - McElfish 1407 that Dr. Winn provided? The dates of service are, I believe, from March 17, 2014 through May 16, 2015 is what I have. And when you see a patient undergo all of the pain management procedures that we've discussed, do you refer to that or consider that what's called conservative care?

So I would consider that less-invasive care. It's not necessarily -- it's past conservative care. So conservative care in my mind is physical therapy, chiropractic therapy and medications. When you start putting needles in people's spines you're getting more into invasive territory because they're not without risk if you hit the wrong nerve or wrong blood vessel or, God forbid, inside the spinal cord or the nerve root itself you can cause paralysis. So there are less-invasive options than this one.

You understand from Exhibit 326 for identification that plaintiff many times saw Dr. Winn, he saw Dr. Soto and Dr. Chen for these pain management procedures and/or office visits?

Α Yes.

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

()

And with respect to Exhibit 326-0001 through 326-0154, do you consider this treatment and care from Mr. Bauta as an expert witness to be reasonable and necessary for the injuries he received in this accident?

I do. I believe that they were reasonable and necessary.

```
Mobin - direct - McElfish
                                                                1408
1
              MR. McELFISH: Subject to any redaction or
 2
    duplication which may be discovered by counsel in their
3
    review, plaintiff moves to admit 326.
 4
              THE COURT: What pages again?
              MR. McELFISH: 0001 through 0154.
 5
 6
              MR. MANNION: Are these already in through Dr. Winn?
              THE COURT: No, no, no.
7
8
              MR. McELFISH: They may be in.
9
              THE COURT:
                          No.
10
              MR. MANNION: No objection, Your Honor.
11
              MR. McELFISH: If it please the Court, how long do
12
    you want me to go?
13
              THE COURT: We're going to go to 12:30.
14
              MR. McELFISH: May I approach?
15
              THE COURT: Yes.
16
              MR. McELFISH: May I proceed?
17
              THE COURT: No, not yet.
18
              Mr. McElfish and Mr. Mannion, can you come up for a
19
    second?
20
               (Sidebar held outside of the hearing of the jury.)
21
               (Continued on next page.)
22
23
24
25
```

Sidebar 1409 1 (The following sidebar took place outside the 2 hearing of the jury.) 3 THE COURT: 419, right? Dr. Winn's records came in 4 in Exhibit 419. We went through them very carefully and we took out anesthesiologist and the nurse records and kept in 5 6 the consent forms and his reports and the fluoroscopy 7 This is the entirety of what's -- Accelerated 8 Surgical, the entirety of their records, but we get back to 9 the same thing that we were talking about the last time. Do 10 you see what I'm saying. 11 MR. MANNION: Yeah. 12 THE COURT: So do you really have an objection here? 13 MR. MANNION: No, Your Honor. I said that I had no 14 objection. 15 I'm sorry, I'll receive it. THE COURT: 16 MR. MANNION: I'm sorry. 17 MR. McELFISH: The next exhibit is 327 which you 18 don't have the book yet, but what it is is the records for 19 that center, I admit up front that I didn't double check the 20 327 exhibit what was previously admitted under 419. If you 21 recall, 419 had the records up front and there was a big fight 22 whether they were coming in through Dr. Winn. I'm going to 23 move to admit them and then like everything else Mr. Mannion 24 and I can take duplications out. There's no problem with 25 We don't want duplications going to the jury.

	Sidebar 1410
1	THE COURT: Duplications of what?
2	MR. McELFISH: Of the billing.
3	THE COURT: Within the exhibit itself?
4	MR. McELFISH: We moved in the Accelerated Surgery
5	Center for Dr. Winn. You overruled objections for that. Now
6	we have a set of bills from the same center. I'm not sure,
7	and it's my fault if they are duplicative, but I want to move
8	to admit them now. Mr. Mannion and I can sit down and make
9	sure they don't duplicate before we go to closing arguments on
10	it.
11	THE COURT: Well
12	MR. McELFISH: The reason is if for some reason
13	there's something in 327 that was not previously admitted, I
14	don't want to miss my chance. That's all.
15	THE COURT: I just don't want the jury to hear a
16	number that is duplicative because they're writing down all of
17	these numbers.
18	MR. MANNION: I'm going to tell them they shouldn't.
19	THE COURT: I thought it was up front.
20	MR. McELFISH: They've been writing numbers down
21	like crazy all week.
22	THE COURT: It's different. This is
23	MR. MANNION: I'd have to compare the two.
24	THE COURT: It's a different date.
25	MR. MANNION: Maybe now is the time for the break.

```
Sidebar
                                                                 1411
               MR. McELFISH: Or do it later.
 1
 2
               THE COURT: Do it later. All right.
               (Sidebar ends.)
 3
               (Continued on next page.)
 4
 5
 6
 7
 8
 9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
```

```
1412
                        Mobin - direct - McElfish
1
              MR. McELFISH: Proceed?
 2
              THE COURT: Yes. And we will receive Exhibit 326 in
 3
    evidence.
 4
               (Plaintiff's Exhibit 326 received in evidence.)
    BY MR. McELFISH:
 5
 6
    Q
         Moving on to 327 for identification, Dr. Mobin --
7
    Α
         Yes.
8
         -- can you identify the record, please?
9
         Yeah, so these are itemized billing for the injections
10
    that are performed on March 28, 2014 through May 30, 2015 with
    professional fees, doctor fees and also the facility fees.
11
12
         Okay. And can you tell the jury what the bill is for
13
    that exhibit?
14
         So page three of that exhibit I'm looking at the balance
    due which I haven't done the math here I haven't really
15
16
    counted them up, but the total bill is $62,750.
17
              MR. McELFISH: Plaintiff moves to admit these three
18
    pages, 327-0001, 0002 and 0003.
19
              MR. MANNION: Your Honor, subject to any redactions
20
    for duplicates for the issues we talked about with the other
21
    exhibits, no objection.
              THE COURT: Received.
22
23
               (Plaintiff's Exhibit 327-0001, 327-0002 and 327-0003
    received in evidence.)
24
25
         Going on now to 329 for identification, Dr. Mobin.
```

1413 Mobin - direct - McElfish Yes. 1 Α 2 If you could look please through these. This exhibit appears there is two bills here? 3 4 Α Correct. Also Ifran Alladin? 5 6 Α Right. These are two dates of visits by the pain 7 management M.D., Dr. Alladin. Dates of service are January 3, 8 2017 and it appears to be September 18, 2015. 9 Q And are the bills that you see in this exhibit reasonable 10 and customary? 11 They are, yes. 12 And can you give the jury the amounts of the bills? Q 13 MR. MANNION: Objection. 14 Q And I think it shows up at 329-0012. 15 Right, so the rest of those intervening pages also 16 include different dates of service with Dr. Alladin which are 17 reasonable, necessary and related to the accident. The bills 18 also include the professional treatments by Dr. Alladin, his 19 injection, professional fees and the total bill is -- it's on 20 page 329-0012 the total 43,197.92. 21 MR. MANNION: Your Honor, I'm going to object. I 22 think Dr. Winn's bills are in here as bell. These are not 23 just Dr. Alladin's. 24 THE COURT: Where is this again? 329? 25 MR. MANNION: It's mostly Dr. Winn's which I think

```
1414
                        Mobin - direct - McElfish
    have been admitted.
1
 2
               THE COURT: Is this 329?
 3
               MR. McELFISH: Yes.
               THE COURT: Ladies and gentlemen, we're going to
 4
    take our lunch break right now. Been back at 1:20, please.
 5
               (Jury exits.)
 6
7
               (In open court.)
               THE COURT: Okay. Let's off the record.
8
               (Discussion off the record.)
9
               (Luncheon recess.)
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
```

```
Mobin - direct - McElfish
                                                                1415
              AFTERNOON SESSION
1
 2
               (In open court.)
 3
               (Jury enters.)
 4
              THE COURT: You may continue.
              MR. McELFISH:
 5
                              Thank you.
    FARDAD MOBIN.
 6
7
         called as a witness, having been previously duly
8
         sworn, was examined and testified as follows:
9
    DIRECT EXAMINATION
10
    BY MR. McELFISH: (Continuing.)
         I believe where we left off at Exhibit 329 for
11
12
    identification. Plaintiff had moved it into evidence.
                                                             There
13
    was a sidebar. The Court ruled at the sidebar.
14
              THE COURT: Yes, received.
               (Plaintiff's Exhibit 329 received in evidence.)
15
              THE COURT: Did we deal with 328?
16
17
              MR. McELFISH: I did not for other reasons.
18
              THE COURT: Okay.
19
    Q
         Dr. Mobin, I believe you testified already that 329 going
    to -- specifically to 329-0012 the amount was 43,197?
20
21
         Correct.
    Α
22
         All right. Moving on to Plaintiff's 330 for
23
    identification, can you identify this set of documents?
24
    Α
         These are a set of documents from the chiropractor,
25
    Dr. Glen Rosenberg.
```

Mobin - direct - McElfish 1416 Q Okay. And can you say what he did for Mr. Bauta? A Sure. These are records reflecting care and treatment from Dr. Rosenberg starting in April of 2014 and continuing on, I believe, through -- last state of surface is June 2, 2016.

- Q And to your general understanding, Dr. Mobin, do these records indicate treatment for Mr. Bauta's neck and back?
- 8 A They do, yes.
 - Q And to your understanding as an expert witness in this field, sir, are the treatments reflected in this exhibit reasonable and necessary for the injuries that Mr. Bauta received in the bus accident of October 2013?
- 13 A They are reasonable and necessary, yes.
- 14 MR. McELFISH: Plaintiff moves -- withdrawn.
- 15 Q 331, for ID. Now, can you identify this document,
- 16 please?

1

2

3

4

5

9

10

11

12

- 17 A These are the itemized bills for the treatment that was 18 rendered to Mr. Bauta.
- 19 Q And this is for Dr. Rosenberg?
- 20 A Yes it's for Dr. Rosenberg, yes.
- Q And in terms of reviewing his care and then if you look through Exhibit 330 which for the court, the witness and the record is 331-0001 through 331-0008 -- I'm sorry, 9, you see
- 24 billing codes in there?
- 25 A Yes.

```
1417
                        Mobin - direct - McElfish
         And based on those billing codes and the treatment and
1
    Q
 2
    care you're aware of, is this bill reasonable and customary in
    the community?
 3
 4
         Correct, yes, they are reasonable and customary.
         Can you tell the jury the total amount billed?
 5
 6
    Α
         The total bill is $5,889.58 and that's for the care and
7
    treatment from April 15, 2014 through August 2, 2016.
8
              MR. McELFISH: Plaintiff moves to admit 331-1
9
    through 9.
10
              MR. MANNION: No objection consistent with the prior
11
    discussions.
12
              THE COURT: Received.
13
               (Plaintiff's Exhibit 331-0001 through 331-0009
14
    received in evidence.)
15
    Q
         Now going to 332 for ID, can you identify these records?
         Right, so these are records of Dr. Chen who is one of the
16
17
    pain management specialists involved with the care of
18
    Mr. Bauta.
19
         And Dr. Chen performed some of the these transforaminal
20
    injections and facet blocks; correct?
21
         He performed lumbar steroid injections, yes.
22
         And is that reasonable and necessary as you've already
23
    explained to the jury?
24
    Α
         Yes.
25
              MR. McELFISH: And plaintiff moved moves to admit
```

```
1418
                        Mobin - direct - McElfish
    332-1 through 7.
1
 2
              MR. MANNION: No objection.
 3
              THE COURT: Received.
 4
               (Plaintiff's Exhibit 332-0001 through 332-0007
    received in evidence.)
 5
 6
         Moving on to 333, there's a chance this is duplicative
7
    but for purposes of foundation, Dr. Mobin, to the extent this
8
    bill at 333 is just reasonable and customary, do you have an
9
    opinion on that?
10
         Yeah, this is -- I believe the same bill we talked about
11
    a few minutes ago on the pain management which is billed under
12
    Dr. Alladin and it also includes bills from Dr. Winn and the
13
    amounts on the bill is reflecting a reasonable and necessary
14
    set of treatments that were rendered to Mr. Bauta as related
    to the accident.
15
16
              MR. McELFISH: And per my agreement with counsel,
17
    we're going to move this document in subject to duplication,
18
    redaction and other adjustments.
19
              THE COURT: 333?
20
              MR. MANNION: No objection consistent with that,
21
    Your Honor.
22
              THE COURT:
                          Received.
23
               (Plaintiff's Exhibit 333 received in evidence.)
24
    Q
         334, for identification I believe may be -- can you just
25
    say, Dr. Mobin, if 334 is duplicative of the other records
```

```
Mobin - direct - McElfish
                                                                1419
    you've seen for Accelerated?
1
 2
         Yes and it also includes Barnert Surgical Center's
 3
    records.
 4
         Okay. And to the extent that it is not duplicative, is
    it reasonable and necessary care in your opinion so we can
 5
    move along?
 6
7
         Yes, it is.
8
              MR. McELFISH: I will move, subject to our agreement
9
    Mr. Mannion I will move 334 in, to the extent it's not
10
    duplicative.
              MR. MANNION: No objection with the same agreement.
11
12
              THE COURT: Received.
13
               (Plaintiff's Exhibit 334 received in evidence.)
              MR. McELFISH: Mr. Mannion, before I approach the
14
    witness on this, Exhibits 335, 336, 337, 338 -- I'm sorry,
15
16
    withdrawn.
                335, 336, 337, are all exhibits that we can move
17
    in subject to the same objection without going through
18
    foundation. If they're duplicative, they're duplicative.
19
              MR. MANNION: Agreed, Your Honor.
20
              THE COURT: 335, 336 and 337?
21
              MR. McELFISH: Yes, sir.
22
              THE COURT:
                          Received.
               (Plaintiff's Exhibits 335, 336 and 337 received in
23
24
    evidence.)
25
               (Continued on the following page.)
```

1420 Mobin - direct - McElfish 1 MR. McELFISH: And, now, 338, I believe, Mr. 2 Mannion, can I have the same understanding on that? It may be 3 duplicative, as long as it is agreed it is reasonable and 4 necessary. MR. MANNION: Agreed, Your Honor. 5 6 MR. McELFISH: Thank you, sir. 7 DIRECT EXAMINATION 8 BY MR. McELFISH: (Continuing) 9 Now, I want to go to 339 for ID, which is a compilation 10 bill. And, Dr. Mobin, if we can take a minute and try to 11 shorten this, you've already testified on 339 for 12 identification as to the bill of Stanley Liebowitz; is that 13 correct? 14 I believe so, yes. 15 You have already testified as to the bills for Vincent Vasile? 16 17 Α Yes. 18 And you did not review the psychological services; 19 correct? 20 Α I didn't. 21 You just testified as to the bill for Dr. Glenn 22 Rosenberg? 23 Α Yes. 24 Dr. Gutstein is a neurologist that saw Mr. Bauta a time 25 or two after the accident?

Mobin - direct - McElfish 1421 That's correct. 1 Α 2 I will separately ask you, to the extent that you have 3 seen his records and reports, is his bill reasonable and 4 customary? Α Yes. 5 6 MR. McELFISH: And I seek to move to admit just this 7 portion of the exhibit. Well, withdrawn. Let me move on. 8 What is the bill for Dr. Gutstein? 9 So, he -- Dr. Gutstein did an examination of Mr. Bauta 10 and he also performed the diagnostic test, which was the upper 11 extremity nerve conduction and electromyography. 12 Okay. What is the bill for the services he provided? 13 Well, withdrawn. 14 Are the bills for the services he provided reasonable and customary? 15 16 Right. So his neurological reports and patient 17 encounters are reasonable and customary and the bill for the 18 electrodiagnostic studies are also reasonable and customary 19 value. 20 Q How much was the bill for Dr. Gutstein? 21 So his encounter bill is \$1,179.42 and the bill for the 22 diabetic was \$1,894.50. 23 Q And last but not least on that sheet, there is an invoice 24 for an X-ray from Greater New York Radiology. Have you 25 reviewed that?

Mobin - direct - McElfish 1422 I don't know the dates. I can't tell you, but I believe 1 2 I have. 3 Let me ask you this: Is the amount indicated reasonable 4 for a set of X-rays? Yes. So usually for four to six views of cervical lumbar 5 Α X-rays, that's a reasonable rate. 6 7 And how much is that amount? Q 8 Α \$580.68. 9 MR. McELFISH: I move to admit 339 subject to 10 redaction just for the amounts just discussed and that 11 specifically, Your Honor, because of duplication on the next 12 page, 339-001. 13 MR. MANNION: No objection with that caveat. 14 THE COURT: Received. (Plaintiff's Exhibit 339-001 was received in 15 16 evidence.) 17 MR. McELFISH: For the Court, Counsel, 342 are the 18 records of Dr. Russo. I believe they are already in. I will 19 skip those. 20 Moving on to a new book. Let's go to 343 for ID. Mr. Mannion, do you have one? 21 22 MR. MANNION: No, I do not. 23 MR. McELFISH: Going to 343 for identification, I 24 believe that's also in. Now, Dr. Mobin, look at 343 for ID, please. 25 Q

```
Mobin - direct - McElfish
                                                                1423
         Yes.
1
    Α
 2
         These are the records for Dr. Gutstein you just testified
 3
    about?
 4
    Α
         That's correct.
              MR. McELFISH: Plaintiff moves to admit.
5
 6
              MR. MANNION:
                             No objection.
7
              THE COURT: 343?
8
              MR. MANNION:
                             344?
9
              MR. McELFISH:
                              344.
10
              THE COURT: Received.
               (Plaintiff's Exhibit 344 was received in evidence.)
11
12
         And 345 is the bill for Dr. Gutstein that we just
13
    discussed as part of the other exhibit; correct?
14
         That is correct. This is the itemized bill for Dr.
    Gutstein's visits.
15
              MR. McELFISH: Subject to redaction and duplication,
16
    plaintiff moves to admit Plaintiff's Exhibit 345-001 for ID.
17
18
              MR. MANNION: No objection.
19
              THE COURT: Received.
20
               (Plaintiff's Exhibit 345-001 was received in
21
    evidence.)
22
         Let's go to Exhibit 351 for ID. Can you identify this
    document, please?
23
24
         Yes. This is the North American Partners Anesthesia.
25
    This is the anesthesia itemized billing for the surgery date
```

```
1424
                        Mobin - direct - McElfish
    of service May 27, 2015.
1
 2
         In fact, Dr. Mobin, if you look on the left side for date
 3
    of service, it actually lists the two surgeries that Mr. Bauta
 4
    had?
 5
         Correct. So May 27th and then subsequent to that, the
    date of service is June 1, 2015.
 6
7
         And if you go to the next page, 351-002 for
8
    identification, can you give the jury the amount for the
9
    anesthesia?
10
         So total bill is $14,563.50 for those two days of
11
    services.
12
              MR. McELFISH: Plaintiff moves to admit 351.
13
              MR. MANNION:
                            Same objection as before, but with
14
    that caveat, we're okay with it.
15
              THE COURT: Received.
               (Plaintiff's Exhibit 351 was received in evidence.)
16
17
              MR. McELFISH: Same agreement, Mr. Mannion, as to
18
    352, 353 on the Barnert Surgery Center, admit and we figure
19
    out if it's duplicative.
20
              MR. MANNION: Give me the numbers again, please.
21
              THE COURT: 352 and 353.
22
              MR. MANNION: Agreed.
23
              THE COURT: 352 and 353 received.
24
               (Plaintiff's Exhibits 352 and 353 received in
25
    evidence.)
```

Mobin - direct - McElfish 1425

- 1 | Q Now, at some point did -- withdrawn.
- We have talked about Dr. Liebowitz and Dr. Capiola.
- 3 | These are doctors that Mr. Bauta saw earlier on in his
- 4 | treatment and care; correct?
- 5 A Yes.
- 6 Q At some point did Mr. Bauta go see a group of spine
- 7 | surgeons at New York Spine?
- 8 A Yes, he did.
- 9 Q And do you know who the doctors are at New York Spine?
- 10 A So Dr. Lattuga, Dr. Cordiale and there is a physiatrist,
- 11 | a Dr. Mikelis.
- 12 Q Okay. And can you tell the jury, please, as an expert
- 13 witness, what did these doctors at this facility do for him?
- 14 A So --
- 15 Q Using the date span.
- 16 A Sure. So let me refer to my timeline here. What I have
- 17 | is that the New York Spine Specialists, starting with Dr.
- 18 | Mikelis and Lattuga evaluated Mr. Bauta initially in 2013 and
- 19 | followed up care with Dr. Cordiale, which then summed up in
- 20 two spine surgeries in May of 2014 and June of 2014 through
- 21 postoperative care and treatment in 2017.
- 22 | Q Now, to your knowledge, did Dr. Lattuga treat Mr. Bauta?
- 23 A I don't know.
- 24 | Q Can you explain to the jury more specifically from a
- 25 | neurosurgeon's point of view what Dr. Cordiale did for Mr.

Mobin - direct - McElfish

Bauta from the time he first began to treat there in late 2014 until the surgeries, six or eight months later?

A Sure. From the very start of evaluation of Mr. Bauta with the New York Spine Specialists, the complaints of back pain and radiculopathy and neck pain are documented, and then the referral is done through Dr. Mikelis, and the spine specialist in the group, Dr. Cordiale, who goes through his evaluation of Mr. Bauta saying look, you know, you have back pain, radiculopathy, you have MRI findings that show objective nerve impingement, and you also have weakness in your leg on those nerves that we talked about, in the dermatomes that we talked about, which means that you're a good surgical candidate; however, let's try some interventions first.

So he prescribed lumbar corset, lumbar brace in particular, and LSO brace. He prescribed medications, including muscles relaxants and narcotics, and he referred Mr. Bauta to pain management and brought Mr. Bauta back. Mr. Bauta circled back to Dr. Cordiale because the other treatments have not helped to give him relief in terms of his back pain and leg symptoms.

Then Dr. Cordiale goes on through a very detailed report of foundation for need for surgery and he lists a number of reasons why Mr. Bauta is a surgical candidate. One of them being that Mr. Bauta has failed the less invasive and conservative treatment: Physical therapy, multiple injections

Mobin - direct - McElfish

facet blocks and epidurals. He has failed medical therapy and medications that he was prescribed. He has failed bracing.

And he has objective findings on the MRI that explain his clinical symptoms, meaning his MRI, what you see on the films correlate with what clinically the physicians are detecting, weakness in the anterior tibialis, which is the muscle responsible for bringing the foot up, numbness in the patches of dermatomes that correspond to the nerve roots that are being compressed. And he also cites other reasons. He goes on and says, look, if you'd like to have surgery, you're a surgical candidate now.

And, ultimately, Mr. Bauta signs on to have the surgery done. And the surgery was performed in May of 2014, May 27th, I'm sorry, May 27, 2015, which included lumbar laminectomy at the L4, 5 and L5-S1 with pedicle screw fixation. Those are special screws that span from the back of the spine through the front and there are rods that interconnect the screws together to hold the spine stable and fused. And he also used a particular material called BMP and bone graft to mend those levels together.

- Q And, Dr. Mobin, have you routinely done the same or similar surgery with those screws?
- 23 A I have, yes.

Q And did you bring an example of those screws with you today?

```
Mobin - direct - McElfish
                                                               1428
         Yes.
1
    Α
 2
              MR. McELFISH: Is there any objection?
 3
              MR. MANNION: I apologize, can I see them?
 4
              MR. McELFISH: You may.
 5
              MR. MANNION: Can we hit the side real quick. I
    haven't seen them beforehand.
 6
7
               (Sidebar held with the Court and counsel only.)
8
    BY MR. McELFISH:
9
         Dr. Mobin, can you explain to the jury what you have in
10
    your hands, please?
11
         So I'm holding in my hand a sample of a pedicle screw rod
12
    construct that we use. This is actually the type of material
13
    that I use in surgery. I borrowed this from one of my reps
    and the way it is done, you can see it's a very stiff
14
15
    construct. It's very strong. Normally we were able to move
16
    the screws around.
17
              MR. McELFISH: Excuse me, doctor.
18
              Your Honor, may he step down closer?
19
              THE COURT: Sure.
20
              THE WITNESS: I will try to speak loud.
21
         (Continuing) so this is a particular screw that has
22
    the -- you know, this is color-coded. Not all of them are
23
    this color. This is what's called a multi-axial pedicle
24
    screw, meaning that the stem of the pedicle screw can move in
25
    different directions. The reason for that is because the
```

Mobin - direct - McElfish

spine has a curvature and we don't want to operate like this, bent forward, so we can actually adjust the angle of the screws.

In this particular model, because the rod has already been set, the screw is fixed. And if you notice, there's a curve here which tries to reconstruct the curve of the spine. And these are the screws that we place into the spine. And they come in different lengths, sizes and pitches of the screw.

THE COURT: Let the record indicate that Dr. Mobin is using the skeleton and the screws in a demonstrative way.

A So just to demonstrate to you where we put these screws, on the model itself, if you will notice, there are bridges that connect the back of the spine to the front of the spine. These bridges are called the pedicles. So the screws have to be placed very precisely because the diameter of the screw is usually about 50 to 75 percent of the diameter of this bridge. So you can misfire. If you misfire, you can hit the nerve and you can also hit the spinal canal itself. You can pierce that tent that we talked about that's over the nerves in the tunnel.

The way we do the screw placement, we use anatomic markers that tell us, because we can't really see the side of the spinal surgery, this is the view we have in the operating room. So we have to find the anatomic locations for the entry

Mobin - direct - McElfish

point of the screw. And then as Dr. Cordiale did in the operation, we use a machine called a fluoroscope. It's a sophisticated X-ray machine that allows us to look at the spine in different angles.

What I do in surgery, for example, I make the incision, I know where the facet joints are. And the way we teach this to the students, medical students and the residents is that the lower vertebra is doing a high five and the upper vertebra is doing a low five, so there are two hands coming together. The thumb is where we need to go for the screw placement. That's the entry point. So if you go too medially, you're going to breach medial and hit the nerve. If you go too laterally, you're getting it air ball, like in basketball. You're not getting in to the right trajectory. So it's a very precise location. It's within really millimeters of difference that allows to us go in and place these screws where they need to be.

And then we do what he is called an AP, which is frontal X-ray and a lateral X-ray, to make sure that the screw is not too deep to hit the aorta or the blood vessels in the front or pierce the valve. Also we look in the frontal view to make sure it's not too medial or not going into the canal. So it is a pretty delicate way of doing this. This is the gold standard. These are the best instruments we have to stabilize the spine, because it gives us very rigid fixation

Mobin - direct - McElfish

1431

- 1 and allows the spine, number one, to let the bone grow.
- 2 | Because if there's micromovement or movement of the spine, the
- 3 | bone grafts don't heal. And that's why we need to have a
- 4 stiff construct. And it also allows to us reconstruct the
- 5 spine. So if somebody is bent forward or they have scoliosis,
- 6 | we can actually make them straight because these are very
- 7 strong elements that we use.
- 8 Q How long are those, Dr. Mobin?
- 9 A So the length of the screw can vary depending on the
- 10 | anatomy of the patient. We have a preoperative usually MRI or
- 11 | CAT scan that we can measure the length that we need before
- 12 | the operation. So when we go to the operation, the reps bring
- 13 | the differing lengths of the screws. And then we go anywhere
- 14 | from, for example, 30 millimeter, 3 centimeters depth all the
- 15 | way to 60. So we have to choose the right length.
- And then, similarly, the width of the screw can vary
- 17 | anywhere from four-and-a-half millimeter all the way to eight
- 18 | millimeter, which is -- it doesn't sound much, but those are
- 19 | smaller screws to very large screws, it looks like a bolt that
- 20 | we put in.
- 21 Q How heavy are they?
- 22 A They're very light.
- 23 Q Okay. Now, how many of those did Mr. Bauta have in his
- 24 | spine?
- 25 A Initially, he had three on each side, a total of six. On

1432 Mobin - direct - McElfish then on the revision, they had to take the left L5 pedicle out 1 2 because the screw was close to the nerve. So he ended up 3 having five screws. 4 Is there a metal plate that goes over the top of those screws? 5 6 It's actually a rod and there are two rods that hold the 7 screw heads together. So this construct has two screws but, in fact, at one side Mr. Bauta has three and on the other side 8 9 he has two. He's missing the middle one. 10 MR. McELFISH: Your Honor, at this time, plaintiff 11 moves to admit the screws as an exhibit of Dr. Mobin's 12 pre-marked exhibits of 403 for ID, we can make it 403-A. 13 MR. MANNION: Objection, Your Honor. 14 THE COURT: Sustained. Now, Dr. Mobin, thank you. You have seen the animation 15 Q 16 of the surgery that was done --17 MR. McELFISH: And for the Court, counsel, and for 18 the record, 377 in evidence. 19 -- of the surgery that Dr. Cordiale performed? 20 Yes. Α 21 And do you have an opinion whether or not that animation 22 appropriately represents how this particular surgery was done? 23 MR. MANNION: Objection, Your Honor. Outside the 24 scope of disclosures. 25 THE COURT: Can I have the question read back,

```
1433
                        Mobin - direct - McElfish
             Actually, there are two.
1
    please.
 2
              MR. McELFISH: I don't intend to show it. I just
 3
    want to get an answer from the witness to understand that he
 4
    agrees with it and that he has reviewed it.
              THE COURT: Can I have the question read back.
 5
               (Record read.)
 6
 7
              THE COURT: I will overrule the objection. You can
8
    answer.
9
    Α
         Yes.
10
         And to your understanding, did Mr. Bauta continue to
    treat with Dr. Cordiale following these two surgeries?
11
12
         He did, yes.
13
         Okay. And do you have an understanding as to whether or
    Q
14
    not he's still treating with Dr. Cordiale?
         As of 2017, he still was. In fact, there were two new
15
    Α
16
    set of MRIs that were ordered by Dr. Cordiale in follow up.
         I believe that was October of 2017?
17
    Q
18
    Α
         I believe so. That's correct.
         All right. And the EXHIBIT which comprises 354 for
19
20
    identification, specifically 354-0001 through 354-0092
21
    reflects your understanding of Dr. Cordiale and Dr. Mikelis'
    treatment and care of Mr. Bauta?
22
23
    Α
         That is correct.
24
         Do you have an opinion, sir, as an expert witness and as
25
    a neurosurgeon as to whether or not that treatment and care is
```

1434 Mobin - direct - McElfish reasonable and necessary for the injuries Mr. Bauta received 1 2 in the bus accident? 3 Yes. My opinion is that the care was reasonable, 4 necessary and related to the bus accident. MR. McELFISH: I believe 354 has been admitted 5 already. Your Honor, certain sections, just out of caution, I 6 move to admit the set, subject to agreement by counsel, we 7 8 make sure there's no duplication. 9 THE COURT: Subject to the --10 MR. MANNION: May we have one second, Your Honor. THE COURT: 11 Sure. 12 (Pause.) 13 MR. MANNION: No objection with the same caveat. 14 THE COURT: To the extent that it needs to be readmitted, we will receive it in evidence. 15 16 MR. McELFISH: Thank you. 17 (Plaintiff's Exhibit 354 was received in evidence.) 18 Q Now, going to 355 for identification, Dr. Mobin, can you 19 generally state what these exhibits are? 20 So, 355 are the bills generated from New York Spine 21 Specialists and it spans the timeline starting November 17, 22 2014 through the last date in 2017, which appears to be April 12th. 23 24 Okay. Now, before we go any further, I want you to assume that Dr. Cordiale testified to this, and I believe it 25

1435 Mobin - direct - McElfish is in the records that you have reviewed, that Mr. Bauta was 1 2 hospitalized from May 27th until June 5th. Do you have that 3 understanding in mind? 4 Α Yes. I'd like you to explain, before I finish with 355, I 5 6 would like you to explain to the jury the difference between 7 billing charge for a professional service and for a facility 8 charge? 9 The facility charge is as its name applies. It is 10 the bill related to the hospital or the facility that the 11 procedure is performed at. So the professional bill is what 12 the doctors bill on their own behalf in terms of the services 13 that they provide to the patient. 14 Now, going to 355, the first page for identification, does this page contain the dates of service for work that 15 doctors at New York Spine did for Mr. Bauta? 16 Α 17 Yes. 18 And as an example, for the X-rays and for the follow-ups, 19 at least, for instance, prior to May 27th of 2015, are those 20 charges reasonable and necessary? 21 Yes, they are. Α 22 THE COURT: What page are you looking at? 23 MR. McELFISH: 355-001. 24 THE COURT: Could I have the question read back, 25 please.

1436 Mobin - direct - McElfish 1 MR. McELFISH: Let me withdraw the question, Judge. 2 I will try to clear it up. 3 THE COURT: Thanks. 4 So, Dr. Mobin, with respect to the service dates for November 14th, I believe that's March of '15, but there's a 5 6 hole in it, and then some more March of '14 visits for follow-ups, the first three in line there, are those doctor 7 8 visits? 9 Right. So the November 17, 2014 and then March of 2015, 10 March 10th, I believe, those are follow-up visits and evaluations. 11 12 And for the amount billed for those particular individual 13 services, is that in your view reasonable and customary? 14 Α Yes. The next one down, also with a March 10, 2015 date, does 15 16 that appear to be an X-ray? 17 Α It is, yes. 18 Q Is the amount associated with that reasonable and 19 necessary? 20 Α It is. 21 If you would, please, for the initial consult and the two 22 follow-up visits, can you give the jury the amount of those 23 services? 24 Sure. The amounts are \$500 and then the two follow-ups 25 for 700, and then the X-ray is \$250, the additional follow up

```
Mobin - direct - McElfish
                                                                1437
    is $350.
1
 2
         Okay. That occurred in May prior to surgery; correct?
 3
    Α
         That is correct.
 4
              THE COURT: Just to be clear, the two follow-ups are
    not 700 each?
5
              THE WITNESS: No. Combined.
 6
7
              THE COURT: They are 350 each, total of 700?
8
              THE WITNESS: That is correct.
9
              THE COURT:
                           Thank you.
10
    Q
         Now, the charges next down for 5/27/2015, do you
11
    understand those to be charges for professional services
12
    related to the surgery?
13
    Α
         Yes.
14
         And before we get to the amount, can you explain to the
15
    jury your understanding of what arthrodesis posterior service
    would mean?
16
         So that's the actual placement of bone graft on the --
17
18
    what we call the fusion surface. The doctor has to take a
19
    drill and take away the top surface of the bone to make what
20
    we call a bleeding bed for the grafts to be placed upon to get
21
             So that's the process of what we call decortication,
22
    which means we take the superficial layer of bone off and the
23
    process of putting bone graft on that surface is called
    arthrodesis.
24
25
         Okay. And the amount for that service is how much?
```

```
Mobin - direct - McElfish
                                                                 1438
          The amount billed here, it is $20,000.
1
    Α
 2
         And assuming we get to the end of this and we can talk
    Q
 3
    about the total, each of these are added up; correct?
         All these subsequent codes are added together to come up
 4
    Α
    with a global fee.
 5
               (Continued on following page.)
 6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
```

1439 Mobin, MD - direct - McElfish **EXAMINATION CONTINUES** 1 2 BY MR. McELFISH: 3 So if you go to the next one, it also appears to be a 4 charge for professional services during the surgery. Can you explain to the jury what it is? 5 6 So the next charge is for the additional level of 7 arthrodesis. So the arthrodesis code goes by level. 8 do the L4/5, which was done in this case, it's one code; and 9 then when you go to the L5/S1 it will be the subsequent level, 10 so it's the second code, and that's what that code is. First 11 one is 22612, and the subsequent code is 22614. 12 Okay, and that is a point I want to go back to. 13 The arthrodesis posterior has a specific billing 14 code, correct? Α Yes. 15 16 And that is the first \$20,000 charge you mentioned, correct? 17 18 Α Yes. 19 And those billing codes are called CBTs? 20 Α Right. 21 Okay. And they correspond to particular procedures in 22 the industry. 23 Α They do. 24 And there is a different billing code used for the additional segment that you just testified about? 25

SAM OCR RMR CRR RPR

Mobin, MD - direct - McElfish 1440 That is correct. 1 Α 2 So it has a separate CBT code for the work done by the 3 surgeon? 4 That is correct. All right. So going to the next one on the same surgical 5 6 date, can you describe what the next one is? 7 So the next one is the placement of the pedicle screw, 8 which is the 22842 code. 9 And again, under the billing code guidelines, that has a 10 separate number? 11 That is correct. And I think I missed something, but the three things 12 13 we've talked about so far, the arthrodesis, the additional 14 segment and the instrumentation, can you give the jury the amounts that were billed for those three services? 15 16 Right. For the arthrodesis, as I had mentioned earlier, 17 was \$20,000. Billing the additional level was 20,000 as well. 18 And the billed amount for the instrumentation was \$20,000. 19 Q All separate \$20,000 charges? 20 Yes. Α 21 Going to the next page, which is 355, and I will -- I 22 apologize, I will try to slow down with numbers. 23 355-0002, also on the first surgical date, can you 24 go to the next one? 25 The next code under the same surgical date is 63047,

SAM OCR RMR CRR RPR

1441 Mobin, MD - direct - McElfish which is the laminectomy code. 1 And the jury heard that's the bone removal during 2 3 Dr. Cordiale's testimony? 4 Α Yes. And what is the amount that's billed under the code for 5 that? 6 7 Α The amount billed is 20,000. 8 Okay. And go to the next item, please, and that date of 9 service? 10 Next item is 63048, which is the additional level of 11 laminectomy. They did an laminectomy at one level, which is 12 the L4 laminate, and then the laminectomize on the L5 13 laminate -- and the additional code is 63048. 14 And what is the reasonable and customary amount under the coding for that service? 15 16 So the range is -- again, we see in these bills, they 17 represent the higher ends of normal. I would opine for the 18 arthrodesis bill, \$15,000, additional level is 7,500, instrumentation code is 15,000. The laminectomy code, it's 19 10,000. The additional laminectomy code should be 5,000. 20 21 Okay. And so if you don't mind doing that again. And I 22 apologize for the confusion. 23 The arthrodesis posterior that was originally the 24 first item you talked about that was \$20,000, you think should 25 be?

1442 Mobin, MD - direct - McElfish 15,000. 1 Α 2 Q 15,000? Okay. 3 And the additional segment bill for \$20,000, you 4 think should be how much? Α It should be 7,500. 5 Instead of 20,000? 6 Q 7 Α Correct. 8 And the instrumentation, which is the implement of the 9 items, was \$20,000. What do you think you it should be? It should be about 15,000. 10 Α 11 Going to the next page, the laminectomy, the first part 12 laminectomy billed at 20,000, what do you think is the 13 reasonable and customary amount? 14 The laminectomy should be about 10,000 for the initial level and then 5,000 for the subsequent level. 15 16 When you talk -- when we're talking about the subsequent 17 level, you mean the \$30,000 bill for the laminectomy? 18 Α Right. So instead of \$30,000, it should be 5? 19 20 Α Correct. 21 And going on down to the lumbar plexus, what is that, 22 please? 23 So the surgeons, when they go in, in order to insert the 24 instrumentation or decompress the canal, they sometimes 25 encounter adhesions or scars within the canal, itself.

SAM OCR RMR CRR RPR

1443 Mobin, MD - direct - McElfish process of removing the scar and safely moving the nerve over 1 2 so you don't pierce the nerve in the instrumentation course, or doing the discectomy part of the procedure is called 3 internal neurolysis. And the reasonable charge is anywhere 4 between 7- to 10,000. 7,500 is a reasonable rate for that. 5 6 And internal neurolysis, can you describe that? 7 The internal neurolysis, again, it's where the segment --8 additional segment for -- and then the charge of 4,500 is 9 reasonable. 10 And the next one down, the autograft, can you explain Q what that is? 11 12 So autograft is the process of taking bone away from the 13 lamina or from other parts of the spine or sacrum and putting it over the sides of the spine. And the charge is \$10,000 for 14 the autograft removal. The reasonable rates are about 15 anywhere from 7- to 8,000, so I would say 7,500 would be a 16 17 more reasonable number. 18 Q Okay, and the fluoros -- there is an autograft and then there is an allograft. What is the difference? 19 20 So allograft is a graft that is obtained from outside 21 Usually, it's a cadaveric bone or what we call 22 biomaterial that we use in the surgery, itself. The process 23 of handling that tissue and preparing it and applying it to 24 the bed of bone for fusion, it's called allograft or 25 allografting. And a reasonable rate for that is about 3- to

Mobin, MD - direct - McElfish

1444

- 1 5,000. So I would say 4,000 is a more reasonable number for
- 2 that.
- 3 Q And the next one is a fluoroscopy, which is the
- 4 | intrasurgical X-rays.
- 5 A Right. So the fluoroscopy is what we just talked about.
- 6 It is the process of obtaining X-ray throughout the procedure
- 7 to ensure placement of the screws and proper decompression,
- 8 | making sure the alignment of the spine is properly
- 9 reconstructed. And the code here is for more than one hour of
- 10 | fluoroscopy, and the reasonable rate is about 1,500. Their
- 11 rate is about 3,000.
- 12 | Q The repair wound complex?
- 13 A Right. So this is a repair for lumbar wound or closure
- 14 of a complex lumbar wound. 2,500, the charge is reasonable.
- 15 Q That is reasonable?
- 16 A Yes.
- 17 | Q The next page, and I have to plead I don't know what this
- 18 is. This is another charge under another billing code for
- 19 | arthrodesis posterior?
- 20 A Yes.
- 21 Q Is that duplicative or is that an additional charge?
- 22 A That is duplicative.
- 23 | Q And would that be true of everything on this page, since
- 24 | we just covered some of these things?
- 25 A Yes.

Mobin, MD - direct - McElfish 1445

- 1 Q And let's go over to the next page. I think everything
- 2 | would be duplicative down to the bottom half of the page where
- 3 | it begins with June 1st?
- 4 A That is correct.
- 5 Q Okay. So on June 1st what was billed first?
- 6 A So the June 1st operation included the re-exploration of
- 7 | the spine. The code for that is the 63042, for re-exploration
- 8 and laminotomy.
- 9 So what was the question?
- 10 Q The question is, you're looking at the laminotomy for
- 11 | June 1st, which is the second surgery; is that amount billed
- 12 | reasonable and customary?
- 13 A So the reasonable amount for that would be about 20,000,
- 14 | for a redo exploration case, because it is more complicated
- 15 | than the 63047 code.
- 16 Q And by the way, is the second surgery as you understand
- 17 | it, the removal of the pedicle screw and the hematoma, is that
- 18 | reasonably necessary and related to the injuries received from
- 19 | the accident?
- 20 A It is a sequelae of the initial surgery, which was
- 21 | related to the subject accident. So it's indirectly related
- 22 to the bus accident.
- 23 | Q Indirectly, but nonetheless related?
- 24 A Correct.
- 25 | Q Okay. So the 30,000 on that page, 355-0004, becomes

1446 Mobin, MD - direct - McElfish 1 20.000. The next item is deeper complicated incision. 2 What is that? 3 So that's the code for irrigation and debridement, and 4 \$3,000 is a reasonable number for that. Q Let's go to the next one, removal of the instrumentation. 5 6 Α Correct. So this is actually 2,500, which is the low end 7 of normal, but that's a reasonable number. 8 And the next one is repair wound complex, 2,500. Is that 9 reasonable and customary? 10 So this is a repair of a -- closure of a complex wound. 11 And let me just make sure -- and that is a reasonable number 12 for that, yes. 13 Q Then the last one is finishing out X-ray spine for \$250 14 reasonable? 15 Α Yes. 16 Last page on this, we have some follow-up visits. And if 17 you could say -- if you could just take a look at them from 18 July of 2015 up until January of 2017, can you say whether or 19 not they are reasonable and customary in terms of just office 20 visits and X-rays? 21 Right. So the rates at \$350 for the follow-ups are 22 reasonable and necessary. And X-rays also at \$250 are a 23 reasonable and necessary part of the follow-up. 24 And what about other charges like med recs and NARR,

SAM OCR RMR CRR RPR

25

N-A-R-R?

Mobin, MD - direct - McElfish 1447 I am not familiar with NARR. I don't know what that is. 1 Α 2 Okay. Other than NARR on that page, is everything else 3 reasonable and necessary, or is there something else that you 4 don't recognize or agree with? So the med rec charges, those are charges for duplication 5 Α 6 or recreation of the records, and those are reasonable. So the \$52 charge is unrelated to the treatment? 7 () 8 No, they're for the recreation of the records. 9 printing of the records, I would say. 10 Q And the NARR, we don't know what it is, we'll take that 11 out. 12 Everything else is reasonable and customary? 13 Α Yes. 14 Okay, on the last page, it also appears to be, I guess, 15 what you would call litigation charges or nontreatment 16 charges? 17 That is correct. 18 Q So those would not be related, reasonably related to the 19 treatment and care, correct? 20 Α That is correct. 21 Q Okay. 22 MR. McELFISH: Now, at some point we'll be adding 23 those up, but for now, what I would like to do is, given the 24 testimony of Dr. Mobin, we would like to move into evidence 25 355 for identification, subject to redaction and whatever we

```
1448
                      Mobin, MD - direct - McElfish
    need to do to make sure that the records reflect the
1
 2
    testimony.
 3
              MR. MANNION: I object to this particular exhibit
 4
    based on the testimony, Your Honor.
              THE COURT: Overruled. We will receive it in
5
 6
    evidence.
7
               (Plaintiff's Exhibit 355 was received in evidence.)
8
    BY MR. McELFISH:
9
         I want to just go to 357-0006, which appears to be a more
    updated version of the bill. So my apologies on that.
10
11
              Looking at the last page, looking at that page of
12
    the bill for these additional charges, those are not related
13
    or reasonably related to treatment and care, correct?
14
    Α
         Correct.
         Let's go on over to the next book.
15
16
              MR. McELFISH: Mr. Barmen, do you have the next
17
    book?
18
               (Pause.)
19
              MR. McELFISH: May I proceed?
20
              THE COURT: Yes.
21
    Q
         Now, Dr. Mobin --
22
              MR. McELFISH: What's the matter?
23
              THE COURT: Nothing is the matter. Go ahead.
24
              MR. McELFISH:
                              Sorry.
25
    Q
         With respect to the hospital records and the surgery at
```

1449 Mobin, MD - direct - McElfish Franklin Hospital, or otherwise known as North Shore Hospital, 1 2 did you get a chance to review those records? 3 I have, yes. 4 () Okay, and would you agree with me that those records are almost a thousand pages or more? 5 6 Α I know they're at least more than 700 pages. 7 Q Okay. 8 MR. McELFISH: Well, for purposes of brevity, Your 9 Honor, those exhibits were submitted to counsel and to the 10 Court electronically because they are almost a thousand pages. BY MR. McELFISH: 11 12 Do you recall the exhibit, Dr. Mobin? 13 THE WITNESS: Yes. 14 MR. McELFISH: We move to admit the hospital records, Your Honor. 15 16 THE COURT: What exhibit number is it? 17 MR. McELFISH: They are 362. They are not in the 18 book because of their size. I do not intend to go through 19 them, just admit them as the hospital records. 20 No objection, with the same caveat as MR. MANNION: 21 before, other than there may be individual portions of that 22 large, so we may need to talk about individual entries 23 throughout. 24 MR. McELFISH: So agreed. 25 THE COURT: All right. Received, 362.

```
1450
                      Mobin, MD - direct - McElfish
1
               (Plaintiff's Exhibit 362 was received in evidence.)
 2
    BY MR. McELFISH:
 3
         And as I said before, do you have an understanding that
    Mr. Bauta was in the hospital for almost 10 days?
 4
    Α
         That is correct.
 5
 6
    Q
         Okay. And if you turn now to 363 for ID, can you tell
7
    the jury what this is?
8
               So 363 is the itemized bill from Franklin Hospital
9
    regarding the dates of service of May 27th, 2015 through
    June 5th, 2015.
10
         And based on the individual breakdown of the services
11
12
    provided and your general understanding as a neurosurgeon, are
13
    the charges for the hospitalization for those 10 days
14
    reasonable and customary?
15
    Α
         Yes.
16
         And can you tell the jury how much the hospitalization
17
    was?
18
    Α
         Total bill was $193,480.02.
19
              MR. McELFISH: And subject to redaction and other
20
    duplicative agreements and things we've discussed, plaintiff
21
    requests to move into evidence 363 for identification.
22
              MR. MANNION: With that caveat, Your Honor, no
23
    objection.
24
              THE COURT:
                          Received.
25
               (Plaintiff's Exhibit 363 was received in evidence.)
```

```
Mobin, MD - direct - McElfish
                                                                1451
    BY MR. McELFISH:
1
 2
         And just a housekeeping matter. If you go to 373-0001,
 3
    previously, we had requested, Dr. Mobin, that you opine on the
 4
    X-ray charges for Midtown Diagnostics and the number that you
    put into evidence was 1894. 373-1 is the backup for that
5
 6
    charge.
7
              Do you see that?
8
         Right, yes.
    Α
9
              MR. McELFISH: Plaintiff moves to admit 373-1 only.
10
              THE WITNESS: Just to be clear, the Midtown
    Diagnostic charge here, this pertains to services of the
11
12
    doctors that evaluated Mr. Bauta, and these are the specific
13
    tests they did and the particular charges for those tests.
    It's not X-ray charges, in other words. It's separate from
14
15
    the X-ray charges.
16
              MR. McELFISH: Okay.
    BY MR. McELFISH:
17
18
    Q
         And I believe on this issue, thankfully, last, but not
19
    least, we can go to 376 for identification.
20
              THE COURT: 363, is there any objection?
21
              MR. MANNION: Just the first page of that,
22
    Mr. McElfish, 373?
23
              MR. McELFISH: Yes, just for 373, page 1.
24
              THE COURT: Yes.
25
              MR. MANNION: No objection.
```

```
Mobin, MD - direct - McElfish
                                                                1452
              THE COURT:
                           Received.
 1
 2
               (Plaintiff's Exhibit 373 was received in evidence.)
 3
    BY MR. McELFISH:
 4
         Now, 376 has four pages in it. What is Medicsurg?
         So the first page of Exhibit 376 is the itemized charge
 5
    Α
    for anesthesia which was provided by Dr. Razudian (phonetic).
 6
7
               MR. MANNION: May we approach, Your Honor?
8
              THE COURT: 376?
              MR. McELFISH: Yes. It's tucked in the back of the
9
    book.
10
11
              MR. MANNION: Can we approach briefly, Your Honor?
12
              THE COURT: Sure.
13
               (Sidebar held outside the hearing of the jury.)
14
15
               (Continued on the following page.)
16
17
18
19
20
21
22
23
24
25
```

1453 Mobin, MD - direct - McElfish 1 (The following sidebar took place outside the 2 hearing of the jury.) 3 MR. MANNION: I've been told by Steven that this 4 particular 376 was not produced in discovery and not disclosed to us. I have to admit I don't know one way or another on 5 6 that issue. 7 MR. SAAL: We've never seen anything from Medicsurg. 8 Nothing in any disclosure. We never had an authorization for 9 it. The first we saw it was when it was listed in the 10 pretrial order and we preserved the objection that it was not 11 previously disclosed in the Rule 16 order. 12 MR. McELFISH: The service was provided adjacent to 13 the Accelerated bills, the service that is indicated is 14 included in the subpoenas that they have issued to both 15 Barnard and Accelerated. Once they see those records, they 16 see the service. It's in there. You see if you look over 17 here (indicating), that's where the service was performed at. 18 MR. MANNION: The issue is not the service --19 MR. SAAL: But if those records were in the Accelerated records, we would have seen that. The same way 20 21 when we requested everything from Irfan Alladin's office, we 22 received everything for Accelerated Surgical we received 23 everything for Barnard. We never saw this provider. 24 THE COURT: What was the service that was provided?

MR. SAAL: I believe Mr. McElfish said anesthesia.

25

```
1454
                     Mobin, MD - direct - McElfish
1
    Is that correct?
 2
              MR. McELFISH: I believe it's anesthesia supplies.
    It's a vendor, yes.
3
 4
              MR. MANNION: Looks like the charge is by the minute
    because down here we have 19 minutes and the next one for
5
6
    15 minutes is a little bit less, and the next one for 33 is
7
    more.
8
              MR. McELFISH: I can ask the doctor.
9
              MR. MANNION: I mean --
              MR. McELFISH: If he doesn't know, he doesn't know.
10
    If he knows, he knows.
11
              THE COURT: Does this have dates of service also?
12
13
              MR. McELFISH: Yes, because this was for each of the
14
    different pain management procedures, I would assume.
15
              MR. MANNION: He could not have seen these before
16
    any of his depositions because we've never had them, but --
17
              MR. McELFISH: Guys, I gotta get him off the stand
18
    at 4 o'clock.
19
              MR. MANNION: I know.
20
              THE COURT: Okay, I am not going to allow it if you
21
    didn't produce it in discovery.
22
              MR. McELFISH: I don't know that that's true, but I
23
    don't have it right here. Just because he says it, I don't --
24
              MR. MANNION: I would be willing to do this, Your
25
    Honor, if you're okay with this, I mean without saying the
```

```
Mobin, MD - direct - McElfish
                                                                1455
    numbers, but if you ask if these are reasonable and necessary
1
 2
    and we find out they were produced in discovery, we can
 3
    talk --
 4
              THE COURT: Give it to the jury?
              MR. MANNION: Or give them the number. And if
 5
    they're not, then we don't.
 6
7
              THE COURT: That's fine.
8
              MR. McELFISH: Sure.
               (Sidebar concluded.)
9
10
               (Continued on the following page.)
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
```

```
1456
                      Mobin, MD - direct - McElfish
               (In open court - jurors present.)
1
 2
              MR. McELFISH: Proceed?
              THE COURT: Yes.
 3
 4
    BY MR. McELFISH:
         Now, looking at 376 for identification, Dr. Mobin, are
 5
    Q
 6
    you able to tell what the service was that was provided?
 7
    Α
         Yes.
8
         Can you tell the jury what it was?
9
         These are the bills regarding the anesthesia services for
10
    Mr. Bauta's injections that were performed at Accelerated
    Surgical Center on four different dates of service.
11
12
         And typically, in your experience, is this a service by a
13
    vendor that's different than the facility charge?
14
    Α
         That is correct.
         Okay. And if you just would answer this question,
15
16
    please.
17
               The services that are indicated in these four
18
    documents and the charges that are associated with it, are
19
    they reasonable and customary?
20
    Α
         They are, yes.
21
         And the service itself reasonable and necessary for the
22
    injuries received by Mr. Bauta in this bus accident?
23
    Α
         They are, yes.
24
              MR. McELFISH: And we reserve on the number.
25
              THE COURT: All right, received, subject to proof as
```

Mobin, MD - direct - McElfish 1457 1 discussed at the sidebar. 2 (Plaintiff's Exhibit 376 was received in evidence.) BY MR. McELFISH: 3 4 Now, Dr. Mobin, just switching gears for a second. With respect to every medical treating record you 5 6 have seen in this case, do you have an opinion for this jury 7 as to whether or not all of the treatment and care Mr. Bauta 8 has received as a result of this bus accident was reasonable 9 and necessary for the injuries he received? 10 My opinion is that they were reasonable and necessary and 11 related to the injuries that Mr. Bauta sustained in the bus 12 accident. 13 Q Okay. And --14 MR. MANNION: I am going to object. Excuse me, that was non-psychological? 15 16 MR. McELFISH: Yes. Let me rephrase. 17 MR. MANNION: I just wanted to make sure. 18 Other than the psychological and neuropsychological care 19 that Mr. Bauta received, do you have an opinion as to whether 20 or not all of the other treatment and care that Mr. Bauta 21 received from all of the doctors we've covered this morning, 22 all the facilities, all the hospitals, were reasonable and 23 necessary for the injuries he received in the bus accident? 24 Yes. Minus the psychological testing, the medical 25 treatment rendered by the chiropractors, physical therapists,

1458 Mobin, MD - direct - McElfish the orthopedic surgeons, neurologists and the spine surgeons 1 2 were all reasonable, necessary and related to the subject 3 accident. And with respect to the bills, although we do not have a 4 total figure right now for the jury -- we have to get together 5 6 to get that -- the individual bills that you've seen and 7 opined on before this jury, do you have an opinion as to 8 whether or not those charges all taken together were 9 reasonable and customary as you've seen them in the community? 10 They were. And, you know, we've gone through, I think, 11 every single one line by line this afternoon and I've opined 12 regarding the ones that I thought were reasonable and I've 13 opined regarding the ones I thought they were a little bit on 14 the higher end. 15 Q Dr. Mobin, have you seen Mr. Bauta personally? 16 I have not. 17 And can you explain to the jury whether or not you needed 18 to do that? 19 Α Sure. 20 Q I will move out of the way. 21 So my role here is really trying to explain from a 22 neurosurgical expert's perspective the care, treatment, 23 causation, and give you opinions on the radiology tests that 24 they were done, and also provide you with rebuttal opinions. I am not here as a treating physician. 25

Mobin, MD - direct - McElfish 1459 there are no discussions or disputes regarding Mr. Bauta's 1 2 condition. At least ten doctors have seen him and across the 3 board, every single physician or the chiropractors opined 4 regarding the spinal injuries. So I did not feel that I need to see Mr. Bauta and re-establish clinical diagnoses for him. 5 So there was no need for me to see him as a physician. 6 7 As an expert, I had all the data that was provided 8 to the doctors that were involved with the care of Mr. Bauta, 9 like Dr. Cordiale. I had the imaging studies. I had the 10 actual records of the hospitals. I had the actual information 11 regarding the outcome of those treatments. 12 So I am here today to put those, hopefully, 13 together, from a neurosurgical expert's perspective and give 14 you my best opinion. 15 16 (Continued on the following page.) 17 18 19 20 21 22 23 24 25

```
1460
                       Mobin - direct - McElfish
    BY MR. McELFISH:
                      (Continuing.)
1
 2
         Now you've had an opportunity to review the MRI films in
 3
    forming your expert opinion?
 4
         I have, yes.
              MR. McELFISH: At this point in time, we have an
 5
    agreement at this point with the defense that we can admit and
 6
7
    publish the MRI films.
8
              MR. MANNION: To publish?
9
              MR. McELFISH: Well, then, let me back up and do it
10
    over.
11
    BY MR. McELFISH:
12
         Dr. Mobin, have you seen the MRI films for the cervical
13
    and lumbar spine taken of Mr. Bauta in November of 2013?
14
              MR. MANNION:
                            We do, it's fine.
              MR. McELFISH: Do what?
15
16
              MR. MANNION: Agree admission of the publication.
17
              THE COURT: Can I have the exhibit numbers please?
18
              MR. McELFISH: Let me do it this way, Judge. The
19
    exhibits were marked generally in the pretrial order as 320.
20
    They have not been individually marked, but I intend to do
21
               I can do it as we go through and give them a
22
    number. They may have a number, but I don't know that they
23
    do.
         We listed it as 320.
24
              THE COURT: Okay. We'll take them one by one then.
25
    We didn't admit them. Are there only five of them?
```

```
1461
                        Mobin - direct - McElfish
1
              MR. McELFISH: We have an agreement to admit.
 2
    only five.
 3
              THE COURT:
                          I think you referred to them before as
 4
    320-001 through 005 and we will stick with those numbers and
    they'll be received in evidence.
5
 6
               (Plaintiff's Exhibit 320-001 through 320-005
7
    received in evidence.)
8
              MR. McELFISH: If we can lower the lights, I'll try
9
    to move through them. Is there any way to go any lower on the
    lights?
10
11
              THE COURT:
                           No.
12
               (Exhibit published.)
13
         The first MRI, can you identify this for the record,
    Q
    Dr. Mobin?
14
         Sure, that is the MRI of the lumbar spine of Mr. Bauta
15
16
    and the date is November 7, 2013.
17
    Q
         And this is shortly after the accident; correct?
18
    Α
         Yes.
19
         Okay. Now, which one of these views do you want to look
20
    at?
21
         So if you go to the upper right-hand corner, blow that
    Α
22
         That will be very helpful.
    up.
23
    Q
         And you can draw on your screen and then clear it on the
24
    right side.
25
         Okay. So what we're looking at is the side-view of the
```

Mobin - direct - McElfish

spine of Mr. Bauta. This area here is what we call the subcutaneous fat which is bright. This particular sequence also shows us the spinal fluid which is -- I'm drawing an arrow here, if I can see if this works. It doesn't. That's an arrow supposedly. Okay, so the arrow that I'm trying to draw the line to there's a white stripe of fluid that you can see, that's basically spinal fluid and it's water and it's

bright on this particular sequence.

So, fluid is bright and then what we're looking at is the center part of the discs which are bright. That is normally what we like to see in every single level except for L5/S1 which is the last cushion between the last lumbar vertebrae and the top of the sacrum which is right here. At the top of the sacrum, this structure looks like the ice cream cone. This is the top of the ice cream cone and that's where the disc is having problems.

If you focus on this particular area here, that reveals some interesting findings. Can you focus on that? Is it possible to blow that up or no?

Q Let me see.

A Perfect. So now what we're looking at is the disc or the cushion between the two vertebrae, in particularly this area is now displaced. It's pushed into the spinal canal and it is so much so that if you look at this dark line here, that is the posterior longitudinal ligament. It's a ligament that's

SN OCR RPR

Mobin - direct - McElfish

behind the vertebrae and it's being lifted by this structure which is the herniated disc. So the herniation right here is lifting this band of tissue which is the PLL and you can see the PLL here being in close proximity to the other discs and the other vertebrae there; so all of these.

And the other thing we see is if you look at the disc above at L4/5, it has retained some of the water content. It's bright on this sequence and if you look here, you can see a -- just a hint of the white signal within the disc. And if you go to the prior image which was the upper left-hand side, you can actually trace the -- you can actually trace the white signal through the disc. I'm trying to draw but the arrows are not coming out nicely. This particular arrow shows there is still -- you can actually see the nucleus or the center part of the disc herniated through the posterior aspects or the back of the discs which is the increased signal within that portion of the disc and that's a sign of a recent herniation within weeks and months of this image.

- Q Okay. This is called the sagittal view?
- 20 A That's the side or sagittal view. That's correct.
- 21 | Q What would you like to look at next on this MRI?
- A So this particular MRI has another page. If you go to the next page, then we can look at the axial images of the L5/S1.
 - Q Is it this page, bottom left?

Mobin - direct - McElfish 1464 No, it's another page. 1 Α 2 THE COURT: This is 320-001. 3 MR. McELFISH: I don't see another page for this. 4 Α Does it move up? 5 Q Yes, sorry. The right upper hand side if you can blow up from here to 6 7 here, that would be great. Fantastic. So this is the axial 8 or the bird's eye view of the spine and the structure here 9 that we see is not supposed to be here. That is part of the 10 nucleus that is now secluded. It's inside of the spinal canal 11 and it's touching the nerves as they try to exit. This is the 12 thecal sack, or the tent within the tunnel, and those dots are 13 the nerves going through the canal. The disc is compressing 14 and effacing the covering of the nerves. And if you go to the 15 prior image, which was the upper left-hand corner image and 16 blow up this area here. Too much? 17 Q 18 Yes, a little bit higher up. That's fine. So now what we can see is that the nerve exits. This is the area that the 19 20 nerve has to go out from to go down into the spine. This area 21 is completely shut off. This area is completely shut off and 22 this is the area of the disc that's herniated into the canal. 23 We have the extruded discs which is central stenosis or 24 central narrowing and then we have narrowing on both sides of 25 the canal where the nerves have to exit the canal in order to

1465 Mobin - direct - McElfish 1 get to the legs. 2 Now briefly, Dr. Mobin, while this image is up and in 3 brief rebuttal form, Dr. Casden for the defense, orthopedic 4 spine has indicated he agrees there is lateral compression in those areas; correct? 5 Α 6 Yes. 7 MR. MANNION: Objection. 8 THE COURT: Overruled. 9 Α That's correct. 10 Q And also the defense radiologist, Dr. Provenzale, has 11 also indicated that the areas you have circled are tight but 12 he denies compression. 13 THE COURT: You reviewed their reports? 14 THE WITNESS: I did. THE COURT: Okay. 15 16 Q Do you recall? 17 Α I did, yes. And I do recall, yes. 18 Q Okay. So are they compressed or are they just tight? 19 Well, we can answer that by looking at a normal level --20 let me see if I have an example of that. 21 Do you have a comparative level? 22 If you go back to the first page and if you blow up this 23 particular image. The bottom left? 24 Q 25 Yes. Okay, so this is the L4/5 level which is less

Mobin - direct - McElfish

problematic but does show compression as well. Here what we see is that there is still at least a sliver of opening for the nerves to go out. The nerves have to exit through what we call the subarticular space. This is the articular region or the facets. There's some opening here and some opening there.

But if you go back to the L5/S1 we see it's completely compressed. That's where the nerve has to exit in order to go to the target area and the other level there's really no room left. So, I mean, you can see it -- you don't have to be a radiologist. You can clearly see that there's this material in this area. This area, this area, this air, this area, that are not supposed to be there and it's compressing on the pathway for the nerve because the nerves have to clearly go out and come down from these the areas into the legs and they seem compressed. So I don't think there's an debate on the image.

Q Let me ask you this, going back just to the first page, and let's use this as an example, we had some discussion with Dr. Cordiale briefly about disc height and disc height hydration. Can you explain that?

A So if you look at the spine and the lumbar region, these are inner vertebral discs that I'm circling and they have normal hydration and normal height. The L5/S1 has more of a triangular shape so it shows normal disc height in the front and decreased disc height in the back because part of the disc

Mobin - direct - McElfish

is ruptured and it's going into the canal. There's a mechanical disadvantage. The vertebrae is actually slipped backwards and the spondylolisthesis is one of the findings that we have.

So if you were to draw a line in the front of the spine you -- so if you were to draw a line in the front of the spine, they all line up. If you were to draw a line in the back of the spine there's a little slippage there. I'm sorry the line is a little squiggly but what I can tell you is that -- I can't erase this now, but the vertebrae. This particular vertebrae is slipped back relative to this vertebrae which is in its normal position. And that's because there's a mechanical disadvantage. Part of the disc is herniated. It's inside of the canal and the disc -- the vertebrae slips backwards.

Q And what does it tell you about all the levels above L4 that are hydrated with normal disc height?

A So what it tells me is what I've said in my supplemental report as a rebuttal to the other experts. They're saying that the spine is riddled with degenerative conditions, spondylosis is the term they used. It's not the case. The discs are of normal height and hydration in the remainder of the spine, but there are problems in terms of actual disc herniation and protrusion at the L5/S1 and L4/5 to a lesser extent. But I wouldn't say it's a spine that's completely

```
1468
                        Mobin - direct - McElfish
    riddled with degenerative changes.
1
 2
         If you can take the colors off for a second.
 3
    Α
         I can't.
 4
               THE COURT: Why don't we take a quick break and I'm
5
    going to reboot the system.
 6
               (Jury exits.)
7
               (Recess taken.)
8
               (Jury enters.)
9
              MR. McELFISH: May I have the lights all the way
    down?
10
11
    BY MR. McELFISH:
         NOW, where we were, Dr. Mobin. This is a blowup of the
12
13
    L5/S1 for the lumbar spine from October of 2013 and what I
14
    wanted to ask you before the break was can you tell the jury
    why this disc level here is different than the other disc
15
    levels.
16
17
         Sure, so what we see on this blow up is the L4/5 disc at
18
    the very top which is right up here and that's a cuboidal
19
    shaped disc. The L5/S1 has more of a triangular shape, a
20
    wedge shape. And what's happened is there's a portion of the
21
    disc that's herniated in the back and the vertebral level
22
    loses it's height, particularly in the back and the vertebrae,
23
    the L5 vertebrae is slipping relative to the S1 vertebrae.
24
               If I draw a line in the back of the spine here and
25
    draw a line in the back of the spine there, there is a
```

Mobin - direct - McElfish 1469 two-to-three millimeter slippage of the vertebrae which is due 1 2 to this traumatic disc herniation. 3 Q I was going --4 Α Go ahead. I was going to ask you, do you have an opinion as to 5 6 whether or not this particular levels herniated as a result of trauma or something else? 7 8 So, based on the history that's relevant or evident in 9 all the records, based on all the care and treatment that 10 Mr. Bauta has received in the post-accident events that's 11 taken place and also the MRI findings. Again, I direct your 12 attention to this particular area, which is -- the part of the 13 disc that shows increased signal and that's the very important 14 finding in terms of recent trauma, recent herniated disc. 15 If this was a longstanding herniated disc it would 16 be calcified and dark in appearance but it is more likely that the herniation occurred, as I said, within weeks or two months 17 18 of this MRI. 19 THE COURT: Is this a different MRI than you were 20 showing to Dr. Mobin previously? 21 MR. McELFISH: No, this is November of 2013. 22 THE COURT: Okay. 23 MR. McELFISH: Lumbar spine. 24 THE COURT: So it's the first one. 25 And to be clear, Dr. Mobin, you are talking about these Q

Mobin - direct - McElfish

white signals right here; right?

A Right, so -- well, that's the pre-signal which is if you compare this level to the L5/S1, there's loss of signal. If you blow that up -- so you can actually trace one of the lines here that goes into the disc which tells us that the nucleus is going into the disc but there's actually a portion of the disc which I'm drawing to draw or circle for you right there that shows increased signal and that's consistent with a herniated disc. So you can actually see a wedge of disc material right there and I'm trying to see if I can draw it better. It's hanging off of the disc and there's also an increased signal within the portion that's herniated.

Those are relatively important signs to determine or age the herniation as far as the just pure imaging is concerned. If you listen to the patient, if you look at the records. It's very evident that his pain started within a week of the collision in terms of both back and leg pain which is consistent with the MRI finding.

MR. McELFISH: Now, Your Honor, moving forward to the next image it's going to be the February 2015 MRI just before surgery. We can mark that as 322.

Q Which image, Dr. Mobin?

A We can look at the sagittal image there, if you want to blow that up on the left upper hand side, yeah. So the disc herniation on this particular image, what it shows it that we

Mobin - direct - McElfish 1471 still see a herniated disc at the L5/S1 level. It's not as 1 2 large as the one we saw prior in the 2013 image and this 3 particular image is down to 5 millimeters from the prior image which was 10 to 12 millimeters and that shows regression or 4 decrease in size of the herniation in the two-year interval. 5 What does the medical word "resorption" mean? 6 Q 7 Resorption is the medical terminology we use to indicate 8 that the disc herniated material that is starting to absorb or 9 the body is trying to break down, that part of the disc which 10 is displaced is in the canal. 11 And does that explain the reduction in size? 12 Α Yes. 13 And how large was the herniation in October of --14 How large was the herniation at that level in November of 2013 by measurement? 15 16 It was about 10 to 12 millimeters. 17 And in the scheme of things, is that a herniation you see 18 on a regular basis or is that unusual? 19 Α That's a large herniation. It's not usually seen 20 randomly on MRIs? 21 Is there any other image relative to the February 15 22 images? 23 So the axial images -- if you blow up this particular 24

image, you can see the nerve compression both in the center part of the spine and also in the lateral part of the spine.

25

Mobin - direct - McElfish 1472 The white arrows that are placed on this image are to describe 1 2 or bring your attention to the nature of the disc herniation. 3 This is the material that's coming into the canal and it's compressing the nerves and is still present on the 2015 study 4 after the interval time has passed. So although the disc has 5 6 decreased in size in the center portion, the areas of the 7 nerve exits are still present which makes sense why Mr. Bauta is still having pain at this point. 8 9 Going to the next image which will be the -- let's do the 10 5/31/15, post-April scan? 11 THE COURT: 320-3? 12 MR. McELFISH: Yes, 320-3. 13 So there should be another page to that image. If you go Α 14 to the next page it's perfect. 15 Q Which one? 16 Exit. This image. The upper left-hand one, yeah. 17 these are the postoperative images, CAT scan images of 18 Mr. Bauta's back after the surgery. The image, there are 19 studies performed on May 31, 2015. What it shows is that lack 20 of what we're supposed to see. There's no more bone in this 21 area. This is the laminectomy that was performed by 22 Dr. Cordiale at the L5 level and partial S1 level and partial 23 L4 level. So from the bottom of the L4 to the top of the S1 24 is missing. That's where the laminectomy was performed and if 25 you go back to the other sagittal image, you will see the

Mobin - direct - McElfish screw placement. These are the actual screw material that we show or we saw earlier in my deposition -- in my testimony. We saw the material. This is exactly the construct that is displayed here. These screws are going through those bony channels we talked about earlier. Those are the pedicles and this is the back. This is the front of the screw which is traversing the spine from back to front. (Continued on the following page.)

1474 Mobin - direct - McElfish DIRECT EXAMINATION 1 2 BY MR. McELFISH: (Continuing) 3 Briefly, let's go to the next one, which is 6115, it is 4 an operative X-ray. I'm sorry, 324. 5 Α If you will look at this particular image --Ŋ Which one? 6 7 The left upper-hand. So this particular image is after 8 the June 1, 2015 surgery where they removed the L5 pedicle on 9 the left-hand side. We know this is on the back because this 10 is L for left. This is the right-sided construct, which shows 11 the L4 and L5 and S1 screws in place. It shows a correct 12 alignment of the spine and it looks fine. 13 And then if you go to the side view or the sagittal 14 view, which is this image --Q 15 On the right? 16 Right upper-hand side, yes. 17 So this is the radiographic X-ray of the lumbar 18 spine of Mr. Bauta on June 1, 2015, and we can see the upper 19 pedicle screws, the L5 pedicle screws, and then the S1 pedicle 20 screws in place. And these are the rods that hold the spine 21 and has the correct lumbar lordosis or lumbar curvature THAT 22 we like to recreate when we put instruments in. 23 Q Last but not least, let's go to the early MRI of the 24 cervical spine or of the neck, that will be 320-5 in evidence. 25 This is from November 13th, Dr. Mobin, which view would you

Mobin - direct - McElfish

1 | like to discuss?

A If you go to the left upper-hand corner, the sagittal, side view of the neck. What we are seeing here is that there are some bulges at C5-6 in particular, and C6-7 levels, show minor bulges but no definitive spinal cord compression.

And if you go to the axial views or the topdown views, this is the C3-4 level, we're looking at the top to bottom, again, those are the areas that the nerves have to exit from and we can see the opening. It is mildly stenotic or narrowed on the left-hand side.

And if you go to the C5-6 level, which I believe is on the next page.

Q Which one?

A The left upper-hand. And this particular study shows that there's more narrowing on the left-hand side compared to the right-hand side, which is consistent with the radiologist who read the report from the Precision Imaging. But, again, the spinal cord itself is normal. There's no abnormal signal. We can see the spinal fluid around the spinal cord, which is good in terms of what it shows.

Mr. Bauta does have a disc protrusion at the C6-7 level, which is mostly central. And that's the next image on the right upper-hand side.

And just for comparison of internal control, this is what normally we like to see. This is the opening for the

Mobin - direct - McElfish 1476

nerve. The nerve has to exit and go to the arm and that's normal as opposed to the other side, which is narrowed. But generally this protrusion in the center or bulge in the center does not comprise the spinal cord and it appears to be okay.

MR. McELFISH: Okay, I believe that's it. Your Honor, can we have the lights, please? Thank you.

Q Now, Dr. Mobin, in the time that I have remaining, I have some additional questions to ask you, do you believe based on the records and the films that we have seen that this bus accident traumatically caused a herniated disc in Mr. Bauta's low back?

A That's my opinion, that to a reasonable degree of medical probability with all of the records that I have seen, all of the imaging studies and the history provided by Mr. Bauta to all of the physicians involved, the bus accident is the most likely event that caused the traumatic disc herniation.

Q I know we haven't talked a lot of about the neck injuries and the neck treatment, but did he have a neck injury and did he treat?

A He did. I believe he had a sprain and strain and also what we call cervical whiplash where the facet joints in the neck get injured and he was properly treated for that. He also had herniations in his neck, but they were not as severe as the lower back.

Q I see. Were those injuries to Mr. Bauta's cervical spine

Mobin - direct - McElfish 1477

- 1 in your opinion as an expert neurosurgeon causally related to
- 2 the bus accident on October 9, 2013?
- 3 A They are, yes.
- 4 Q And you believe that to a reasonable degree of medical
- 5 | certainty?
- 6 A That's correct.
- 7 Q Have you been provided with any records of Mr. Bauta's
- 8 | history before the accident?
- 9 A I was. I reviewed several records from Claxton Hospital.
- 10 Q Can you tell the jury in summary fashion what the sum and
- 11 | substance of Mr. Bauta's medical history was prior to this
- 12 | collision?
- 13 A So the sum and substance of that is that there are not
- 14 | that many prior histories in terms of back pain or
- 15 | radiculopathy. There are sporadic entries, meaning that there
- 16 | are few entries regarding back pain in the Claxton records.
- 17 | One of them is mostly related to a bout of pneumonia Mr. Bauta
- 18 | had. He was treated for pneumonia. They actually obtained a
- 19 chest X-ray from him. They do X-rays of his spine.
- 20 Q What was he treated for on that visit?
- 21 A He was treated for pneumonia.
- 22 | Q And that was inn I believe in March of 2009?
- 23 A That is correct.
- 24 Q Have you seen, Dr. Mobin, any other indication anywhere,
- 25 | in any of the records that Mr. Bauta ever had a back complaint

Mobin - direct - McElfish 1478 or a back injury or back treatment prior to this accident in 1 October of 2013? 2 3 Not besides what I just said. 4 Ŋ And the lack -- withdrawn. Just to make sure it is covered, have you ever heard 5 6 or seen where Mr. Bauta ever treated for any kind of back or 7 neck problem of any kind, but particularly with pain 8 management, physical therapy, chiropractors, surgeons, MRIs 9 prior to this accident? 10 Α No, I have not. No. 11 Did you have an opinion, sir, as to whether or not Mr. 12 Bauta is going to need future medical care? 13 Α I do. I believe he will require medical care in the 14 future. And in connection with future medical care, have you 15 Q 16 reviewed a life care plan by Mr. Provder? 17 Α I have. 18 Do you agree, to the extent that the services contained 19 in the report are within the scope of your qualifications, 20 that the items he indicated would be reasonably needed? 21 MR. MANNION: Objection. 22 Α Yes. 23 THE COURT: Overruled. 24 The objects that Mr. Provder has indicated in his report Α 25 as far as the musculoskeletal and spine is concerned is within

Mobin - direct - McElfish

1 | my scope and I agree with him.

Q Now, can you tell the jury that from a neurosurgery point of view and a spinal surgery point of view exactly what medical care you believe Mr. Bauta will need in the future over his life expectancy?

A Sure. Just to set the stage where we are with Mr. Bauta is that he has five screws and two rods in his back and we tell our patients that after fusion you're not going to be the same, you're hopefully going to be better than what you're now in terms of your pain, but you're going to have rods and screws and metal in your back. In terms of future treatment for Mr. Bauta is several fold, number one, he continues to have pain. He's not somebody who is completely cured from his pain; hence, he needs to have access to spinal specialists like Dr. Cordiale for follow-up visits to make sure that the screws don't have problems, like there is screw breakage that can occur.

More importantly, when we fuse the spine, again, the purpose of the spine is to move. That's how we get information about our surroundings. If we were to stick, we would be eaten by tigers back in the evolutionary times, so we need to be able to get information from our surroundings.

Once we mend or fuse two or three vertebral levels together, what happens is the force is now transmitted to the level above. Generally, the level above and level below the fusion

Mobin - direct - McElfish

will experience what we call increased pressure. There's a term called intradiscal pressure. If you look at the disc and you actually measure the pressure, if you fuse the spine, the pressure in the level above rises. It's a phenomenon called stress riser. And what does that do? What it does is it causes earlier breakdown of the disc. In other words, it is an accelerated degeneration, and the term for that we use is the adjacent segment disease.

So there's entity that we discuss at our conferences to try to avoid because the surgery has a side effect and that's adjacent segment disease. So he needs to have access to spinal specialists, spine surgeons, pain management specialists in particular, because what happens is the level above the fusion, the facet joints are the first to go. They are going to be inflamed first because they are more delicate and have more pressure on them, and he needs to have physical therapy for that, medical therapy for that, facet injections and rhizotomy, similar to what he had prior to the surgery, to try to delay another surgery for him as long as possible.

Ultimately, because of his young age, he has 40, 50 years to go, there is to a reasonable degree of medical certainty that the adjacent segment disease will occur in him. And of the subsets of patients that get adjacent segment disease, there are a preponderance of literature that tell us they will require surgery for it. So the coded rate is

Mobin - direct - McElfish 1481 anywhere from three to six percent per year that the adjacent 1 2 segment disease will occur. And at 10 years, the papers show 3 us it is about 36 percent of patients requiring surgery. So 4 if you extend that out to 20 to 30 years, I can tell you to a reasonable medical certainty it would require another surgery 5 in the future. 6 And you're referring to the lumbar spine? 7 () 8 Α That is correct. 9 MR. McELFISH: Okay. Now, small screens, Judge, 10 please, just in case it is still stuck on public. Going to, for identification, 403-0110, can you tell the 11 12 jury, please, Dr. Mobin, what specific items you believe Mr. 13 Bauta will need and what you believe the costs are --14 THE COURT: Check your thing, please. MR. McELFISH: It's me. I'm sorry, I don't publish 15 16 until you're ready. 17 Sure. So the follow-up care with spine specialists at 18 least once a year for his lifetime. I've written here \$700 19 per visit, which includes the follow-up visit and also review 20 imaging studies. 21 Pain medications, narcotics, muscle relaxants and 22 anti-inflammatories, cost \$2,000 per year. Costs for other 23 classes of medication, in particular, Naproxen, Celebrex, and

therapy, which is 20 sessions annually. That's \$3,000 a year

antiinflammatory medications at \$2,000 a year. Physical

24

Mobin - direct - McElfish 1482

cost. Pain management follow-ups are 650, which will include review of imaging studies.

And then we talked about facet blocks, facet and rhizotomy, similar to what he has had before. And the cost for the facet blocks is 18,000. That's inclusive of the facility, anesthesiologist, and the surgeon who performs the procedure, and that's for two sets.

And the rhizotomy, it's \$15,000 for one set of the cervical and lumbar, meaning \$15,000 for each anatomic location.

And imaging studies of MRI, I have here \$2,000 per study. And ultimately, lumbar fusion for the level above, extending that, which will occur probably in the next tend to 20 years, and that's 180,000.

- Q And you have checked Mr. Provder's report to make sure those items are included?
- 17 A Yes, I did. They are included.
- 18 Q All right. Do you believe in your expert opinion that 19 Mr. Bauta, A, needs a cane now and, B, will need one going
- 20 | forward?

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

A So the cane will help him, yes. I believe that he needs
one. The reason for that is at this point his strength is
better, but he still has lower back pain, so it helps him with
taking pressure off his lower back, so one should be provided

25 to him.

Mobin - direct - McElfish 1483 To be clear, is he using that as a medical device or is 1 Q 2 he using it in another way? 3 MR. MANNION: Objection. 4 MR. McELFISH: I don't know if I asked that right. THE COURT: Sustained. 5 6 MR. McELFISH: Let me withdraw it. 7 () Dr. Mobin, what is the exact manner you believe or what 8 is the exact need you believe Mr. Bauta has with the cane? 9 So that the cane is a device that will allow him to 10 relieve the pressure on his lower back. If he is using it 11 properly to offset the pressure in his lower back, then it 12 will provide an assistive device for ambulation. It's not 13 necessarily for weakness in his leg. It's to keep him more comfortable. 14 Now, my staff has added up generally the medical bills 15 16 that we discussed --17 MR. MANNION: Objection, Your Honor. 18 THE COURT: Sustained. 19 And do you believe that Mr. Bauta is going to need this 20 future care and future surgery to a reasonable degree of 21 medical certainty? 22 I do, yes. Α 23 Q Now, my last area Dr. Mobin is, you had mentioned earlier 24 in your testimony you had worked in emergency rooms and had 25 been consultants to emergency rooms.

1484 Mobin - direct - McElfish I have been a consultant to an emergency room. 1 I haven't 2 worked in an emergency room, but I have been a consultant to 3 the emergency room. 4 Q Thank you. And you're familiar with the procedures that 5 county hospitals and emergency rooms use? 6 Α For neurosurgical issues, yes. 7 And you have read the Brookdale Hospital records that 8 were for Mr. Bauta's visits after he was there the first time in October of 2013? 9 10 Α Yes. 11 And do you have an opinion, sir, as to whether or not --12 as to what kind of examination was being done by the doctors 13 for the reasons he presented? 14 MR. MANNION: Objection. THE COURT: Read that back to me, please. 15 16 (Record read.) THE COURT: I will allow it. You can answer. 17 18 So the question in the emergency room when a 19 patient comes in is this patient going to die in front of me 20 or not. It's called triage. So we do a certain test 21 immediately to make sure that the patient is not in dire 22 straight or in a situation where they are going to perish. 23 is airway control, breathing control, circulation, the ABC's 24 of triage. 25 Now, in the same token, if a patient comes into the

Mobin - direct - McElfish 1485 1 emergency room and complains of a sore throat, I don't 2 anticipate the emergency room physician to do a detailed 3 neurological examination to try to figure out if there is a 4 brain tumor, for example. They're going to do a culture of the throat, more than likely, perhaps a chest X-ray, and 5 6 prescribe medications and have the patient on their way. 7 a very system directed examination and that's what we do in 8 the clinic. The majority of patients that come in as a 9 follow-up, I don't go through the entirety of their exam again 10 unless there is a need for it. So it is a system directed 11 examination. That's what's done in emergency rooms and urgent 12 care centers routinely. They don't necessarily do a detailed 13 neurological examination, hand, muscular skeletal examination 14 for an unrelated issue. Dr. Mobin, last question, all of the opinions -- all the 15 16 testimony and the opinions that you have given to this jury 17 today you hold to a reasonable degree of medical certainty as 18 a neurosurgeon? 19 Α I do, yes. 20 MR. McELFISH: At this time, Your Honor, I have no 21 further questions of Dr. Mobin on direct. May I, Your Honor? 22 MR. MANNION: 23 THE COURT: Yes. 24 MR. MANNION: Thank you. CROSS EXAMINATION 25

1486 Mobin - cross - Mannion BY MR. MANNION: 1 2 Good afternoon, Doctor. Q 3 Α Good afternoon. 4 () Good afternoon. My name is Tom Mannion and I am one of the lawyers that represents the defendants in this case. 5 6 have a few questions for you. 7 Starting with the bills, I just -- the jury heard a lot of different numbers. I want to make sure I understand 8 9 this correctly. You haven't gone through all these bills to 10 see where the duplicates are and where they are not, have you? 11 I've seen every single line item bill, but as -- I 12 haven't gone through to see if there is a duplicate or not. 13 In fact, I know a couple of records are duplicative. 14 We might have 21,000 in one set of invoices and 30,000 in another, but some of them overlap? 15 16 They are overlapping bills, yes. 17 And you haven't put pen to paper to figure out what the 18 true number is, have you? 19 Α No, I have not done that. 20 Likewise, you don't know the amount that Mr. Bauta was 21 actually billed, do you, the exact amount that he was billed? 22 Α For all of the services, no, I don't have that total 23 number. 24 Okay. Now, as you mentioned on direct, you did not treat 25 Mr. Bauta; fair?

Mobin - cross - Mannion 1487 That is correct. 1 Α 2 And some of our experts obviously didn't treat him 3 either, that's how it goes with experts; true? 4 Α Sometimes, yes. Sometimes you actually as an expert though, get to see 5 Q 6 the patient and examine and evaluate him; correct? 7 That is correct. Α 8 Did you ask for that opportunity in this case? Q 9 Α No. You haven't met Mr. Bauta? 10 Q I haven't. 11 Α You have not examined him? 12 Q 13 Α That is correct. 14 Q You have not talked to him on the phone? That is correct. 15 Α In fact, the only one you talked to about this case was 16 Q Mr. McElfish; true? 17 18 Α That's correct. 19 And Mr. McElfish hired you to review the records in this 20 case and render opinions from a neurosurgeon's point of view; 21 correct? 22 That is correct. Α And we have seen volumes of records and I think some of 23 Q 24 them even were on a disc because there were too many to 25 printout?

1488 Mobin - cross - Mannion Yes. 1 Α 2 And you had all of those records? 3 Α Yes. 4 Q And what you were asked to do was to review those records and render some opinions; fair? 5 Α Yes. 6 7 And you spent approximately eight to ten hours reviewing 8 those records before issuing your report? 9 Α Before issuing the first report, that's correct. 10 In your practice as opposed to being an expert, usually Q 11 patients are referred to you from another treating physician; 12 fair? 13 Α Yes. 14 By the time they get to you, there's already a lot of 15 times a consideration that surgery is required, or should be 16 considered; fair? 17 Not always. But I see patients in different situations. 18 Sometimes I see them as a first-contact point; sometimes I 19 have seen them as they have gone through other modalities of 20 Physical therapists, chiropractors, or pain management 21 specialists have had a chance to treat them. 22 Q They have tried conservative treatment and now it might 23 be time for surgery in those parents? 24 Α Yes. 25 And sometimes that's simply because the patient's disc

Mobin - cross - Mannion

- 1 has degenerated on its own without any type of trauma; fair?
- 2 A That can happen.
- 3 | Q And sometimes it from a trauma, and by that I think what
- 4 | we are all referring to here is an accident, or something of
- 5 | that nature; fair?
- 6 A Yes.
- 7 | Q It could be a car accident?
- 8 A Yes.
- 9 Q It might be a slip and fall on eyes?
- 10 A That's true.
- 11 | Q In fact, is there any truth to the -- I have always heard
- 12 | that people can sneeze and get a herniated disc. Can that
- 13 happen?
- 14 A Anything can happen. But it is more likely that there's
- 15 | a more traumatic event.
- 16 | Q Right. So usually there's some type of significant event
- 17 | that would cause a herniation?
- 18 A Generally, yes.
- 19 Q And sometimes you see a combination of both, partly
- 20 degenerative, their bones in their spine was already having
- 21 | some problems and it is combined with the trauma; fair?
- 22 A Trauma can be superimposed on a back injury and
- 23 degenerative disease, correct.
- 24 | Q In this case you would agree Mr. Bauta did have a number
- 25 of preexisting conditions in his spine that had nothing to do

Mobin - cross - Mannion

1490

1 | with this accident; fair?

- 2 A He had a number, which is not a lot of them, but he did
- 3 | have age-related degenerative changes, which we would expect
- 4 to see in somebody in their 30's or early 40's.
- 5 Q As we age, most peoples discs degenerate to a certain
- 6 | extent?
- 7 A Yes.
- 8 Q The fluids in the disc tend to dry out and they can
- 9 become more brittle?
- 10 A That is correct.
- 11 | Q You have genetic type of situations that cause you to
- 12 degenerate faster?
- 13 A That's possible, yes.
- 14 | Q And in Mr. Bauta, Mr. Bauta was fine before this
- 15 | accident. And if we say degenerative, can we agree that would
- 16 | mean before this accident?
- 17 | A Sure.
- 18 Q He had osteophyte formations; correct?
- 19 A In the front of the spine, not in the back of the spine.
- 20 | I would say, in the cervical spine, in the neck, not in the
- 21 lower back.
- 22 | Q Well, and I'm just asking in general. There were a
- 23 | number of different conditions that Mr. Bauta had in his spine
- 24 | that had nothing to do with this accident; fair?
- 25 A Sure. Yes.

1491 Mobin - cross - Mannion Did you show us any of those on the film? 1 Q 2 As I said, lumbar spine has very few findings. 3 osteophytes that you're referring to, and I went over during 4 my deposition with your colleague, were at the front of the 5 spine in the cervical region, so I didn't have a chance or 6 opportunity to show that on the lumbar. 7 And osteophytes are evidence of a longstanding issue; 8 true? 9 Α Generally, they take months to years, yes. 10 Q They don't just pop up overnight? Α 11 Correct. 12 There was a calcified anterior longitudinal ligament at 13 C6-7 on the left side. What's that? 14 That's the neck, at C6-7 in the front and the ALL, or the anterior longitudinal ligament is the ligament that's in front 15 16 of the spine. 17 Q And calcified would be something occurred over time? 18 Α Yes. 19 Likewise, the November 2013 MRI shows a disc 20 protrusion -- excuse me. Let me strike that. 21 You talked about a couple bulges. Are you saying 22 the bulges were caused in this accident? 23 Α In the cervical spine he probably had some preexisting 24 bulges. 25 In the lumbar spine, he has frank extruded disc

Mobin - cross - Mannion

- 1 herniation, which is, if you look at the spectrum, and we are
- 2 using a lot of terms here, just to take one moment to explain
- 3 | that to the jury, because it's an important point. A bulge is
- 4 | generally -- imagine me eating a lot of food and my belly
- 5 | pushing forward. That's a bulge. Rupture is when actually
- 6 your guts rupture out. That's an extrusion.
- 7 So there is a spectrum. So if my belly is pushing
- 8 | against the belt, that's a bulge. But herniation is when
- 9 there is a crack between the muscles and the guts is coming
- 10 | through it. And extrusion is the guts are all the way there
- 11 (indicating).
- 12 Mr. Bauta has that, has the last kind, which is the
- 13 worst kind. He has actually part of the nucleus of the disc
- 14 | is extruded from the center part of the spine into the spinal
- 15 | canal.
- 16 Q Are you done?
- 17 A Yes.
- 18 Q Let's go back to my question. I wasn't asking about a
- 19 | herniation. I was asking about the bulges that you identified
- 20 on the film.
- 21 A Yes.
- 22 | Q You're not saying those were caused by the accident, are
- 23 | you?
- 24 A Not the bulges, no.
- 25 Q Okay. And certainly evidence of degeneration in one area

1493 Mobin - cross - Mannion of the spine certainly tells you you might get degeneration in 1 2 another area of the spine; true? 3 It can, but they could be mutually independent. 4 Q There was a protrusion, you said, at C6-7? Α Yes. 5 6 You're not saying that was caused by the accident, are Q 7 you? 8 I don't know. I don't have an MRI prior to the accident 9 to compare it to the MRI after the accident. 10 It does not cause nerve impingment or spinal cord 11 compression to the point where I would say Mr. Bauta needs to 12 have surgery for it. 13 Q But you're not telling this surgery to a reasonable 14 degree of medical certainty that that protrusion at C6-7 was caused in this accident; true? 15 16 That is true, yes. 17 As you say, one of the reasons is you don't have film 18 from before the accident? 19 Α That's correct. 20 In fact, nobody does here; correct? Q 21 There was no need for it from my understanding, that's 22 correct. 23 Q And you were asked some questions about our experts, Dr. 24 Provenzale and Dr. Casden, a Dr. Rabin. You have read their

25

reports?

Mobin - cross - Mannion 1494

- 1 A I did, yes.
- 2 Q And you understand that, in essence, the dispute between
- 3 | you and them is how much of Mr. Bauta's current condition
- 4 preexisted the bus accident and how much was caused by the
- 5 | accident; fair?
- 6 A I think that's a generalization, but that's true, yes.
- 7 Q That's the major difference; fair?
- 8 A Yes.
- 9 Q And you agree there is some preexisting degenerative
- 10 | changes, you just don't agree that it's to the extent that our
- 11 | experts say; fair?
- 12 A That is true, yes.
- 13 | Q And one of the things that none of us can do is go back
- 14 and look at, of course, a prior film to compare from before
- 15 | accident to after?
- 16 A Right. There are no pre-accident films to my knowledge.
- 17 | Q And we do know that with the condition that Mr. Bauta had
- 18 | there at the scene and even at the ER on the 9th and the next
- 19 day at Brookdale, in your opinion he had this 11 millimeter
- 20 | herniation at that time; fair?
- 21 A Not necessarily.
- 22 Q Okay.
- 23 A So what can happen is, first of all, symptoms of disc
- 24 herniation can occur in a delayed fashion. It doesn't --
- 25 Q I'm not talking symptoms. I'm just talking about whether

Case 1:14-cv-03725-RER Document 780 Filed 07/12/19 Page 196 of 311 PageID #: 26250 1495 Mobin - cross - Mannion it's there. 1 2 Yes. And there's no way to tell that because we don't 3 have an MRI on the day that he went to the ER at Brookdale or 4 Evangelical Hospital, Evangelical Community Hospital. What I can tell you to a reasonable degree of medical certainty is 5 6 that when Dr. McGowan, the chiropractor, examined Mr. Bauta, 7 he has symptomatology that is in line with extruded disc or 8 disc herniation. In fact, she says, wait a minute, let's get 9 an MRI. And the MRI that is done within a month to six weeks 10 from the incident shows a ruptured disc. So to a reasonable 11 degree of medical certainty, I can tell you that there was 12 disc injury at the L5-S1 that either caused the extrusion at 13 the time of the incident, at the time of the bus collision, or 14 within the first week after the collision. 15 Q And I know you have some opinions based on the film, but 16 what you have just told me was based on the symptoms; true? 17 It's both symptoms and films, yes. 18 Q But what you were just talking about there is the Aaree. 19 fact that he had symptoms, complained of them and then get an 20 MRI, and that's one of the things that led you to the opinion 21 that this was traumatic? 22

Α Yes.

(Continued on following page.)

24

23

1496 Mobin, MD - cross - Mannion **EXAMINATION CONTINUES** 1 BY MR. MANNION: 2 3 And what was the date of the first complaint of back 4 pain? So the first complaint of pain in general is the 10th, 5 6 which is total body ache. The first day of back pain 7 complaint is, I believe, the first visit with Dr. McGowan, and 8 shortly thereafter with the physician at the time. If you let 9 me, I'll tell you the dates. October 17th? 10 Q October 17th, that's correct. 11 12 So about eight days after the accident? Q 13 Α Correct. 14 So are you saying that there was no herniation, protrusion or extrusion at all at that level before this 15 accident? 16 No, what I'm saying is that there was no extrusion. 17 18 There could have been a herniated disk. It could have been 19 disk desiccation, either drying up of the disk or brittle 20 disk, at the L5/S1. 21 In other words, if you had an MRI of Mr. Bauta's 22 back, let's say, a month before the accident, it could have 23 shown a disk that had lost its desiccation, perhaps some 24 height loss, but no extrusion like the one we see on the 25 November 2013 MRI.

1497 Mobin, MD - cross - Mannion What is your opinion to a reasonable degree of medical 1 Q 2 certainty as to the extent, if any, of any herniation at the 3 level where he had the 11-millimeter herniation later, prior 4 to this accident? So to a reasonable degree of medical certainty, what I 5 6 can tell you is that there are no records within the four 7 years from the time that he goes to Claxton in 2009 'til this 8 accident of 2013 that shows any type of back pain, 9 radiculopathy, sciatica or a need for chiropractic or even 10 physical therapy. So I can tell you that if he had a disk bulge or 11 12 herniation, it was asymptomatic, and I can tell you that there 13 was a very high likelihood that he did not have an extruded 14 disk prior to this accident. Q Okay. That's extrusion, but I am coming back. 15 16 Do you have an opinion as to how much, if at all, he 17 was herniated at the that L5/S1 level? 18 No, I can't, and nobody can, because there is no image to 19 tell you. You are asking me how much or what's the 20 quantification of the herniation, you have to have an image to 21 do that. 22 Do you believe in your opinion that there would be a 23 difference in how much pain he experienced if there was an 24 immediate 11-millimeter herniation and extrusion versus if, 25 let's say, it went from 7 to 11?

1498 Mobin, MD - cross - Mannion There is no way to tell, because individual experiences 1 2 are different. Some individuals have higher pain thresholds, 3 some don't. And also the circumstances of the herniation. 4 So if there is a major accident, a accident that there is fatalities at the scene, or there is an issue that 5 6 you want to save your own life, that's a flight-and-fight 7 It's a physiological response to preserve yourself. 8 So even if you have a large disk herniation, you will get 9 yourself out of that scene from -- you know, preserving 10 yourself. So there are a lot of circumstances that will 11 12 dictate an individual response to a traumatic event. 13 Q So generally speaking, you would agree a disk herniation 14 of this size will cause excruciating pain typically? I just explained it. It really depends on the 15 Α 16 circumstances. 17 Typically, what I have heard, and I've seen patients 18 with massive herniations, and some of them say, You know, Doc, 19 I just had a pop in my back. 20 I treated a Air Force pilot that had a 22-millimeter 21 disk herniation, and the only thing he complained about was he 22 said, Doc, I had a pop in my back. So it really -- the size 23 of the herniation and the amount of pain an individual relates

to you may not be proportional.

Q I know there are exceptions to all the general rules.

24

1499 Mobin, MD - cross - Mannion 1 I am asking, generally speaking, would you agree if 2 a traumatic event occurs that causes an 11-millimeter 3 herniation, that person is going to know it? 4 Α As I said, not necessarily. It depends on the --Q That is not what I'm asking. 5 6 Α It depends on the circumstances. 7 Generally speaking, more likely than not, sir, they're () 8 going to feel some serious pain with an 11-millimeter disk 9 herniation, true? 10 Not instantaneously. They can have -- as I said, they 11 can be in a shock situation. They can have distracting 12 injuries, and they can have these symptoms in a delayed 13 fashion. And this is what ER physicians tell their patients 14 that get into car accidents, You're gonna be fine right now, 15 but tomorrow, you won't be able to move. 16 Well, that's soft tissue injury mostly? 17 Well, part of the soft tissue injury is what takes over 18 the disk herniation and pain. 19 Q Maybe I'll say it again one more time. 20 More likely than not in a traumatic accident, absent 21 something masking the symptoms that you're talking about, that 22 person is going to feel some serious pain at that time or 23 within a day or two, fair? 24 They will feel the soft tissue pain. That is fair, yes. 25 And then the inflammation sets in from the disk.

1500 Mobin, MD - cross - Mannion the stages of the problem that a disk causes. So as the disk 1 2 herniates, it causes an inflammatory response. That takes 24 3 to 48 hours to set in. That's why we give 4 anti-inflammatories. Then they complain of stinging down the legs. That's why we prescribe epidurals. And if those help, 5 6 great, but if the pain goes away and the leg starts to get 7 weak, that's the later stages of the disk herniation, which is 8 the mechanical compression of the nerve. That's where we get 9 involved as surgeons to go and take the pressure off of the 10 nerve. So there are stages to herniation, and patients can 11 12 either have a lot of pain or no pain, or have pain the next 13 day or within a week or within a month even, depending on what 14 medications they take, what circumstances they're under, and 15 what other issues can mask the pain. 16 Pain by definition is subjective, fair? That's fair. 17 Α 18 Q But you have to rely on what the patient is saying about 19 the pain level? 20 Α Yes. 21 We do know, and we'll talk about this more later, but we 22 have at least seven days or so where there are no complaints 23 of pain, upper back, middle back or lower back, fair? 24 I don't know that. He might have had pain and didn't go 25 to the hospital or to the chiropractor.

Mobin, MD - cross - Mannion 1501 1 Q Okay. 2 There is no --Α 3 Q Let me ask it again. 4 Α Yeah. 5 Do you have any evidence anywhere in the records, 6 depositions, anywhere, that in the first seven days after this 7 accident, Mr. Bauta said, My low back hurts? 8 Not specifically his low back. Α 9 My middle back hurts? 10 Well, total body ache would involve the neck, middle back 11 and low back. 12 And if they said they had a total body ache and then 13 somebody palpates the back and it's not tender and they deny 14 back pain --15 Α That's the physical exam finding. 16 Q Okay. 17 Α It's not the subjective complaint. 18 Q Let me ask it again. 19 Do you have any evidence anywhere your that 20 Mr. Bauta told any healthcare provider, or anybody else for 21 that matter, in the first seven days that his back, 22 specifically his back, hurt? 23 Α Not in records, no. 24 Q Well, not in anywhere, is it? 25 Well, records is only thing I have to go by.

Mobin, MD - cross - Mannion 1502 So what you've done then is you've looked at the 1 Q 2 records, talked to Mr. McElfish, looked at the film and you've 3 come up with opinion. And in your opinion, which we've heard 4 for the last few hours, this occurred in the bus accident, the herniation. You were also asked, though, about our experts, 5 Dr. Provenzale. 6 7 Do you know what his specialty is? 8 So there are a lot of questions in that one question. 9 Let me just step back a little bit. 10 THE COURT: Why don't you break it out? 11 MR. MANNION: Sure. We'll just strike that. 12 BY MR. MANNION: 13 Q You were asked about Dr. Provenzale and about whether you 14 agree with him? That is correct. 15 Α 16 And Dr. Provenzale is a board certified neuroradiologist, correct? 17 18 He's a board certified radiologist. There is no such 19 thing as board certified neuroradiologist. 20 Q But he is a neuroradiologist, that is what his specialty 21 is, true? 22 Α True. 23 Q That's not your specialty? 24 Α It's part of my training, but not my specialty. 25 Q It's what he does on an everyday basis, fair?

Mobin, MD - cross - Mannion 1503 I don't know that, that's his specialty. And the film -- two of the primary issues on the film, I think you said, that lead you to the conclusion this was traumatic is the increased signal --Yes. -- and then also the resorption? That is correct. And by resorption we mean the herniation got a little bit smaller? It got about half the size, yes. Well, it got about 2 millimeters smaller, didn't it? Well, I have measurements of 12 millimeters on sagittal images, and it goes down to about 5 millimeters on the subsequent 2015 image. With respect to the signal, you understand that

- 15 Q
- 16 Dr. Casden, Dr. Provenzale and Dr. Rabin, a neurologist, all
- 17 say that that happens whether it's traumatic or whether it's
- 18 chronic and degenerative. True?
- 19 I don't remember exactly what they said, but I can tell
- 20 you the T2 signal is commonly seen in an acute herniated disk
- 21 setting.

1

2

3

4

5

6

7

8

9

10

11

12

13

14

Α

Α

Q

Α

Α

Q

- 22 And it's also commonly seen in a degenerative setting,
- 23 isn't it?
- 24 In a degenerative setting, the disk appears to be No.
- 25 degenerated in its entirety, meaning that the entire disk has

```
Mobin, MD - cross - Mannion
                                                                1504
    low signal or appears dark. It shouldn't have one bright part
1
 2
    and one dark part.
 3
         And you understand that those three experts disagree with
 4
    you, fair?
         If that's what they said, then they disagree.
 5
 6
    Q
         And I think what you said regarding the difference in the
7
    size of the herniation is that if, in fact, the herniation did
8
    not get smaller, did not resorb, then you would agree with
9
    Dr. Provenzale.
10
              Do you recall that?
11
         Again, what I said, if the disk is already a degenerated
12
    disk and has calcifications in it, for example, because what
13
    happens is the cartilage can become calcified. It can become
14
    like bone over time, then it won't change its size on
15
    subsequent images. If that's the case, then I would agree
    with that.
16
17
         I want to go to that spot in your deposition, and see if
18
    that refreshes your recollection on that issue.
19
              One second, sir.
20
               (Pause.)
21
              THE COURT: Can I have the prior question read back,
22
    please?
23
               (Record read back as requested.)
    BY MR. MANNION:
24
25
         Just so we're clear then, if this was a static calcified
```

Mobin, MD - cross - Mannion 1505 disk, you would agree with Dr. Provenzale? 1 2 Correct. 3 And what you told us in your deposition was that there 4 was a 2-millimeter difference, true? It's possible on that image that we were talking 5 Α 6 specifically that was the difference, but if you look at the 7 sagittal images -- and that's what the radiologist, Dr. Lichy, 8 also measured it to be -- large herniation about 12 9 millimeters. So I have the same measurement on the 2013 MRI. 10 And if you go to the 2015 MRI, on the sagittal or side view images, it goes to about 5 millimeters. 11 12 And you raised a good point, the angle that you look at 13 this level of a disk could impact how large the herniation 14 looks, true? So on the axial image, meaning if you're looking from top 15 16 to bottom, the measurement is about 5 millimeters across in 17 some of the images. And then if that changes to 18 3 millimeters, which is what I think we were looking at at the 19 time of the deposition, for that particular specific image, 20 yes, the difference would be 2 millimeters. 21 So now let's take a look at the medical records, because 22 the medical records are where you would have determined issues 23 with respect to symptomatology, correct? 24 Α Yes.

SAM OCR RMR CRR RPR

If we could first talk about the EMS. I have not used

```
Mobin, MD - cross - Mannion
                                                               1506
    this yet. Let me make sure I have the right buttons to push
1
 2
    here. Oh, is it on the small screen? I got you.
 3
              MR. MANNION: Any objection to publishing this?
 4
              THE COURT: What is it?
              MR. MANNION: EMS records, Your Honor.
 5
              THE COURT: Exhibit number?
 6
7
              MR. MANNION: It is GLI 040193.
8
              MR. BARMEN:
                           It is Exhibit 402. What he gave you
9
    was the Bates stamp, Your Honor.
10
              THE COURT: Any objection, Mr. McElfish?
              MR. McELFISH: No.
11
12
              THE COURT: All right. Has this been -- all right,
13
    I'll publish it to the jury.
14
              (Exhibit published.)
              MR. MANNION: If you could pull with the Bates
15
16
    number GLI 040193, the same exhibit number we just discussed.
17
    BY MR. MANNION:
         Now, sir, two EMTs treated Mr. Bauta at the scene, true,
18
    Q
19
    or evaluated him?
20
    Α
         I can't see this record to tell you that.
21
    Ŋ
         Hold on.
22
              THE COURT: Are you pulling it up over there?
23
              MR. MANNION: Yes.
24
              THE COURT: No objection?
25
         And you've seen the EMS record, correct?
    Q
```

Mobin, MD - cross - Mannion 1507 Yes. 1 Α 2 You don't dispute that Kelly Peachey and Thomas Latosek, 3 EMTs, saw Mr. Bauta that day? 4 I believe that's true. And, in fact, they did -- certainly not as thorough as a 5 6 neurologist would or, perhaps, an emergency room, but they did 7 their own evaluation of Mr. Bauta, correct? Α Yes. 8 9 They inquired into his medical history, and it says none; fair? 10 11 Again, I can't see that part. 12 If we can put the whole, at the MR. MANNION: 13 bottom. 14 THE WITNESS: Okay. BY MR. MANNION: 15 They inquired into his medical history, his medications, 16 17 allergies, things of that nature? 18 Α Yes. 19 They took his blood pressure several times over 15 or 20 20 minutes; fair? 21 That's correct. Α 22 They examined him physically and documented their 23 physical findings, true? 24 Α They have a very brief paragraph that summarizes that. In fact, if you could highlight the history of present 25 Q

Mobin, MD - cross - Mannion 1508 illness, is that the paragraph you're talking about? 1 2 Α Right. 3 Q The history of present illness? 4 Α Yes. Q If we could look at that, we can see on here, Patient's 5 only complaint was left lower leg pain, correct? 6 7 That was the chief complaint, yes. Α 8 Q It says, Plaintiff's only complaint was left lower leg 9 pain, correct? 10 Α Yes. And that was the left shin that had a brush burn and was 11 12 swollen; fair? 13 Α Yes. Mr. Bauta denied blurred vision, true? 14 Q 15 Yes, correct. Α He denied a headache, true? 16 Q 17 Α That's what it says. 18 Q He denied hitting his head to the EMT, fair? 19 Α That's what it reported, yes. 20 Q He denied back pain? 21 Α Correct. 22 Q He denied neck pain? 23 Α Correct. 24 And by denying back pain, that means they asked him about 25 that issue, true?

```
Mobin, MD - cross - Mannion
                                                                1509
              MR. McELFISH: Foundation.
1
 2
              THE COURT: Overruled.
 3
              You can answer the question.
 4
         I can only say what the report says here. I'm not sure
    if this is a template they have. Is it the actual -- if they
 5
 6
    actually asked the patient. So you have to ask the EMTs.
    the report, or the record, what it says is that he denied
7
    blurred vision, headache, hitting his head, back pain.
8
9
    Q
         That is not a template, that is a narrative that they
10
    typed out, true?
         I don't know that. You'd have to ask them.
11
12
         Well, you are rendering opinions based upon reviews of
13
    medical records, fair?
14
              MR. McELFISH: Objection, argumentative, foundation.
              THE COURT: Overruled.
15
16
    BY MR. MANNION:
         True, sir?
17
    Q
         Yes.
18
    Α
19
         And you're not sure whether what they wrote under history
    and present illness is a narrative or some type of template?
20
21
         Right. So I look at the records and I opine on them.
    Α
22
         That wasn't my question.
    Q
23
    Α
         Well, I have --
24
              THE COURT: Let him answer the question.
25
              MR. McELFISH: Objection.
```

Mobin, MD - cross - Mannion 1510 THE COURT: Let him answer the question. 1 2 I basically review the records and I -- and I review them 3 at their face value as what they are. I don't have any 4 knowledge of how they're obtained. If they are used as part of the electronic medical record template, as part of the 5 6 EMTs' templates or whatnot. This is a record that I reviewed 7 and I relied upon. That's it. I don't know how it was 8 obtained. 9 BY MR. MANNION: 10 Q Well, it's important for you to know whether their information was obtained directly from the patient, true? 11 12 True, but there is no way for me to verify that. 13 How did you verify all of the other information in all of Q 14 the other records with respect to Mr. Bauta's complaints? 15 Α It's what the records say. 16 Q Okay. So you accept it as true? 17 Α I do, yes. 18 Q Well, will you accept this as true? 19 If it's a subpoenaed record and it's authenticated 20 record, then yes, I accept it as a true record. 21 You never raised any question about this record from the 22 time of your deposition in 2016 until now, have you? 23 Α No, I'm just simply trying to answer your question, as --24 you know, was this received from Dr. -- from Mr. Bauta or not.

And I simply tell you, I don't know how it was created.

```
Mobin, MD - cross - Mannion
                                                                1511
         They also did a neurological exam; fair?
1
    Q
 2
    Α
         I don't know that, sir.
 3
    Q
         Okay.
 4
              MR. MANNION: You can pull that up at the bottom
    there.
 5
 6
         So that is not something I would call a neurological
7
    exam. They are indicating patient is alert.
8
         Okay. Well, they actually -- the Glasgow Coma Scale,
9
    they did some evaluations to come up with a value for the
10
    Glasgow Coma Scale score, didn't they, sir?
11
         I don't see a number for that.
12
         Okay, let's look at the next page then. Same exhibit
13
    number, but Bates stamped 040194 at the top right.
14
              MR. McELFISH: Judge, I would just ask, if he's
15
    going to cross-examine Dr. Mobin, he at least give him the
16
             In this case, he asked a question and he had a
17
    different record in front of him as if -- so now he finally
18
    changed the page, is what my point is.
19
              THE COURT: All right.
20
              MR. MANNION: Your Honor, he reviewed the record.
21
              THE COURT: Fair enough. It is a carryover to the
22
    next page.
23
              MR. MANNION: Yes, it is on the second page.
24
    BY MR. MANNION:
25
    Q
         So there was a value of 15, correct?
```

```
Mobin, MD - cross - Mannion
                                                                1512
1
    Α
         Right.
 2
         That's the highest you can get on that, true?
 3
                The patient is awake and alert and is able to
 4
    communicate.
 5
    Q
         Well, there is a P, an M and a V that you look at for
 6
    that test, true?
7
         There is an E, a V, and an M.
    Α
8
    Q
         It's E-V-M, true?
9
    Α
         Yes.
10
              THE COURT: What does that mean; that test?
11
              THE WITNESS: E is for eye, V is for verbal, and M
12
    is for motor. And there are different numbers under each
13
    category, and they add up from lowest 3 to highest 15, and it
14
    is a scale to determine if the patient is in coma or not.
    BY MR. MANNION:
15
16
         Well, it's more than just a coma. We knew he wasn't in a
17
    coma, fair?
18
         That's my point, yes. This is not a neurological exam,
19
    this is just a scale that's done at the scene to communicate
20
    to the ER that, hey, we have a patient here that is not in
    coma, is actually alert, able to follow command, verbalize,
21
22
    and his eyes open.
23
    Q
         What number would you have to be to be in a coma?
24
    Α
         Less than 8.
25
    Q
                Then if it's over 8, why even keep going?
```

Mobin, MD - cross - Mannion 1513

- 1 A Because if there is a traumatic brain injury, then the
- 2 Glasgow Coma Scale becomes an important number in terms of
- 3 | prognostication to the Emergency Room.
- 4 Q Exactly. So let's look here. Under the motor
- 5 evaluation, they looked at the LA, RA, LL and RL. That would
- 6 be the left and right arms and the left and right legs?
- 7 A Correct.
- 8 Q All normal, true?
- 9 A Right.
- 10 Q Same with the sensory for those, true?
- 11 A Yes, that's correct.
- 12 Q And by the verbal -- means they would talk to him, and
- 13 | that was normal?
- 14 A Yes.
- 15 Q Pupils and eyes were normal there?
- 16 A Correct.
- 17 | Q They checked the airway and the respirations; fair?
- 18 A Yes.
- 19 Q And they went down and actually did physical findings.
- 20 | If we could highlight the center part of that exhibit there
- 21 | that says initial physical findings. And if you go down, and
- 22 | you see where it says neck findings, sir?
- 23 | A Yes.
- 24 Q No documentation of neck pain; fair?
- 25 A Yeah, this is the physical finding. So it won't be

1514 Mobin, MD - cross - Mannion subjective like pain. 1 2 But there was no mention of tenderness. This is where 3 you would mention tenderness if you found it, true? 4 If they found tenderness, I think this is where they would record it. 5 6 And by tenderness, that means they actually touched that 7 portion of the patient's body to see if it elicits a pain 8 sponsor if the patient says it hurts? 9 If that was done, that's correct. 10 And down at the fact findings, we see it says normal, and 11 then it says negative bruising or abnormality. So they 12 actually observed the back, fair? 13 Α Fair. 14 And so to neither one of those EMTs were there any questions relating to -- excuse me, were there any complaints 15 16 at all with respect to neck or back, fair? 17 On the physical finding, that's correct. 18 Q Well, in any of those of those two pages, fair? 19 Α Fair. 20 And you had mentioned something in your direct about 21 there's five items you were looking at: Back pain, radiating 22 pain, numbness, tingling and quadricep pain. 23 Do you recall talking about those symptoms you saw 24 that helped lead to you your opinion? 25 Those were in conjunction with symptoms that would

Mobin, MD - cross - Mannion 1515 be elicited in terms of nerve compression. 1 2 None of those five were present at the scene of this 3 accident, fair? Not that the EMTs have discovered, but that is a very 4 different question. 5 6 Q Okay. Well, you have no documentation anywhere that any of those are present at the scene, fair? 7 Yeah, but you are assuming that they did a thorough 8 9 neurological examination to determine that, which I don't 10 believe happened. 11 Well, they touched his neck and back and there was no 12 back pain, fair? 13 Α Yes. 14 There were no complaints of radiating pain, fair? Not that's been reported, correct. 15 Α And he had no complaints of numbness, tingling or 16 17 quadricep pain, fair? 18 Α Correct. 19 Now, let's go to the Evangelical Community Hospital 20 records, the ER that he went to later that day, and he was 21 there for about five hours, true? 22 THE COURT: Do you want to offer 401, at least those 23 two pages, into evidence? 24 MR. MANNION: Thank you. 25 Your Honor, at this time, we would move to admit

```
Mobin, MD - cross - Mannion
                                                                1516
1
    Exhibit 402.
 2
              THE COURT: 401, I think it is, right?
 3
              No, it's 402. 402, you are right, my bad.
 4
              Objection, Mr. McElfish?
              MR. McELFISH:
 5
                              No.
 6
              THE COURT: Received, Defendant's Exhibit 402.
7
               (Defendant's Exhibit 402 was received in evidence.)
8
              MR. MANNION: Thank you.
9
    BY MR. MANNION:
10
    Q
         Now I'll move on to Exhibit 403, the Evangelical
11
    Community Hospital records.
              He was there for about five hours, would you agree?
12
13
         I don't know the exact number of hours.
    Α
         Whatever is in the record, you wouldn't dispute that?
14
         Correct.
15
    Α
16
         Likewise, would you agree that he was observed by five,
17
    six, seven different healthcare providers during that five
18
    hours?
19
         If that's what the records say, I don't dispute that.
20
         And if the records show that Nurse Eppley and Nurse Erb,
21
    a Dr. Gessner, a Nurse Kelley, a Nurse Mull, and several
22
    others were involved in the evaluation and treatment and
23
    discussions with him; you would not dispute that, fair?
24
    Α
         That's fair.
         He was physically examined in the ER, right?
25
```

SAM OCR RMR CRR RPR

```
Mobin, MD - cross - Mannion
                                                                1517
         Yes.
1
    Α
 2
         He had CTs performed?
 3
    Α
         That is correct.
 4
         Can you tell the jury how many complaints Mr. Bauta made
    to any of those six or seven people concerning his back?
 5
 6
         So I am having a little hard time reading this, but what
7
    it says is the -- thanks. The passenger was involved in the
8
    accident on the interstate.
9
    Q
         Excuse me, sir.
10
              MR. McELFISH: Objection.
              MR. MANNION: Your Honor, this is nonresponsive.
11
12
              MR. McELFISH: Well, we don't know that because we
13
    haven't heard the answer yet. He keeps interrupting the
14
    witness.
15
              MR. MANNION: I don't keep interrupting him.
16
              THE COURT: Stop.
    BY MR. MANNION:
17
18
    Q
         The question is, how many complaints of back pain did
19
    Mr. Bauta make in that ED?
20
    Α
         Not back pain, but he did make other complaints.
21
         In fact, he made no complaints of back pain to the nurses
22
    or the physician, true?
23
    Α
         Looking at this one page of the report -- of the
24
    Evangelical Community -- that's what it says.
25
              MR. MANNION: If we can go to, same exhibit, Bates
```

SAM OCR RMR CRR RPR

Mobin, MD - cross - Mannion 1518 1 stamped 040197 at the top. 2 BY MR. MANNION: And at the top at 3:39 a.m., and that's before any pain 3 4 medication was provided, true? I'd have to look at the records for timing of that. 5 Α don't know. 6 7 So whatever the time says in the records, you won't () 8 dispute that on the pain meds? 9 Α That's fine, correct. 10 Q And it specifically says denies back pain; fair? That's fine. Yeah, that's fair. 11 12 MR. MANNION: And down under the exam at the bottom, 13 if you could highlight where it says back at the bottom, and 14 highlight that. Could you read that for us and tell us what it says about 15 Q the physical exam of the back? 16 17 So under back, it says tenderness is absent. 18 Q You are not saying that this Emergency Room physician 19 doesn't know how to check for tenderness in the back, are you? 20 Α No. Okay. I mean, how did he have to check for tenderness in Q

21 22 the back?

- 23 Α It's palpation of the lower back and the mid-back.
- 24 Q And by palpation, you mean what?
- 25 Α Feeling it.

SAM 0CR RMR CRR **RPR**

```
Mobin, MD - cross - Mannion
                                                                1519
1
         And so you are trying to say there is an 11-millimeter
    Q
 2
    herniation from this accident that an Emergency Room doctor
3
    tries to elicit pain and it doesn't hurt him?
 4
         No, that's not what I said. The earlier testimony is --
    I can repeat it for you -- is this: That he either had a
5
    large herniation at the scene of the accident or had a
6
7
    substantial tear in the back of the annulus, where the disk
8
    resides. And then over the next seven to 10 days, by the time
9
    he gets to Dr. McGowan's office is where he's complaining of
10
    neck pain and radiating pain. That's where this rupture
11
    actually occurred. So it can happen in delayed fashion.
12
13
               (Continued on the following page.)
14
15
16
17
18
19
20
21
22
23
24
25
```

SAM OCR RMR CRR RPR

1520 Mobin - cross - Mannion BY MR. MANNION: (Continuing.) 1 2 Would you agree that today is the first time you told 3 anyone that the rupture occurred after this accident? 4 No, it's what I said; that the disc was a traumatically 5 used disc in my deposition in my reports. And the specifics 6 that you're trying to elicit in the timelines is what I'm 7 going to tell you; he either had the herniation at the scene 8 of the accident, he became symptomatic in a delayed fashion, 9 which is in my report. If you're going to get more specific 10 on that, then I can give you a more-specific answer. 11 You would agree though that if Toradol had not been 12 provided yet and the emergency room physician palpated his 13 back, you would expect significant pain in that area, wouldn't 14 you, sir? It depends on other injuries. On thing that you failed 15 16 to mention is that he had complaints of other areas of pain. 17 He was complaining of pain, for example, in the anterior 18 aspect of both legs, right worse than left. He's also 19 complaining of neck stiffness. He has other areas of pain. 20 So there are other circumstances that are at play. 21 Q But I was talking about the back pain. 22 That's what I'm talking about too. 23 Q So you're trying to say whatever is going on with his 24 legs and the stiffness in his neck would mask the herniation,

25

whatever size it was?

1521 Mobin - cross - Mannion It depends on whatever amount of pain that was in his 1 2 legs. It can, yes. 3 There was also film done there and you'd agree that that 4 film showed, in part, dense calcifications, true? Α Films for what area? 5 Do you recall seeing the film reports from the CT? 6 Q 7 He had a CT scan of his knee, I believe, and cervical and 8 lumbar spine in the emergency room. He had a CT of the brain which showed no acute 9 Q 10 intercranial injury, is that fair? 11 MR. McELFISH: Objection. Outside the scope of this 12 witness' testimony? 13 THE COURT: Overruled. 14 Q There was no bleed, true? 15 Α That's correct. There was a dense calcification on the CT of the brain. 16 That would not be caused by the accident; correct? 17 18 Α That's correct. 19 There was no disruption of the gray/white matter on that film. true? 20 21 That's what I remember, that's correct. Α 22 And the CT of the cervical spine showed no fracture, Q true? 23 24 Α That's correct. 25 It did show mild degenerative changes manifested by mild Q

1522 Mobin - cross - Mannion anterior osteolytic spurring, true? 1 2 Yes. Α 3 All preexisting this accident, fair? 4 Α That's what I said already, yes. He had calcification in the front of the cervical spine. 5 So, in addition to the two EMTs we have five or six 6 Q 7 healthcare providers at the ER and you agree that he did not 8 complain to any of them of back pain, fair? 9 Α That's correct. 10 Q He did not complain that pain was radiating from his back to somewhere else? 11 12 Α That's correct. 13 Q Or numbness, fair? 14 Α Correct. Or tingling? 15 Q 16 Α That is correct. 17 Q Or quadricept pain? 18 Α That's correct. 19 From there, Mr. Bauta, the next day went to Brookdale 20 Hospital, yes? 21 MR. MANNION: Excuse me, Your Honor. I move 403 22 into evidence. 23 THE COURT: Objection? 24 MR. McELFISH: No. 25 THE COURT: Received. Defendant 403.

1523 Mobin - cross - Mannion (Defendants' Exhibit 403 received in evidence.) 1 2 Referring to Exhibit 404, the Brookdale records, do you 3 recall, sir, that he was seen by several nurses and a doctor 4 Susan Jacobowitz at Brookdale? If that's what the records say, I don't dispute it. 5 Α And he was at that hospital for several hours as well, 6 Q 7 true? 8 Α Yes. 9 Q They did a history, a physical exam and came up with an 10 assessment and a plan? 11 They did, yes. 12 Would you agree he denied blurred vision, nausea and 13 vomiting? 14 Α I believe so. Ŋ He denied a headache? 15 16 If that's what -- if he did not complain of at that point 17 I would not dispute it. 18 Q I would go through more of the records if I had more time 19 here. He denied extremity weakness, fair? 20 Α Fair. 21 Q And by that I would mean all four, upper and lower, true? 22 It can, yes. Α 23 Q Well, he denies extremity weakness would be both arms and

24

25

Α

both legs, fair?

Yes.

- 1 | Q And he denied difficulty walking, true?
- 2 A Let me see the particular report you're pulling up right
- 3 now.
- 4 Q On the same exhibit if we can go to 216, please in
- 5 addition to the history and the subjective complaints, they
- 6 did their own exam, true?
- 7 A At Brookdale, yes.
- 8 Q And that's what we would call objective. It's not coming
- 9 from the patient. It's the physician's assessment, true?
- 10 A It's called objective but the physician relies on the
- 11 | patient to get answers from the different maneuvers that the
- 12 | physician is performing. So it's part of subjective and part
- 13 | objective.
- 14 | Q If we look under the exam objective under the neck, do
- 15 you see it says "NT," true?
- 16 A Yes.
- 17 | Q And that means non-tender, doesn't it?
- 18 A Yes.
- 19 Q In other words, they palpated his neck and there was no
- 20 tenderness or pain, fair?
- 21 A Fair.
- 22 | Q It says, Full range of motion of the neck, ROM, true?
- 23 | A Yes.
- 24 Q And no JVD, true?
- 25 A Yes.

Mobin - cross - Mannion 1525 And that would be jugular vein distention? 1 Q 2 Α Yes. 3 That particular finding has nothing to do with this case, 4 I assume? Α Yeah. 5 6 Q But their physical exam of his neck showed no tenderness 7 and full range of motion, fair? That's what they found, yes. 8 9 If we then go to the extremities we see that there was 10 some calf pain. It says subjective pain but there nothing 11 else listed in here regarding the back as being anything that 12 had an increased range of motion or pain. Only the calf under 13 this exam objective, fair? 14 So this is an extremity exam. They won't mention the back under that treatment. 15 16 I meant in the whole objective standpoint under the 17 neuro, the treatment, the entire set here, there's no mention 18 of back pain, fair? 19 Right, there's no mention -- well, back pain will not be 20 mentioned under objective. It will be under subjective 21 history. 22 There's no mention of tenderness to the back, fair? 23 Α Fair, that's correct.

Q So, we have again he essentially treated, received some
Motrin and Flexeril when he left and was discharged, fair?

1526 Mobin - cross - Mannion MR. McELFISH: Can you show me the assessment and 1 2 plan. 3 MR. MANNION: It's the same page at the bottom. 4 MR. McELFISH: You've got to move it up so the 5 witness can see it before you ask the question of the doctor. 6 Please. I mean --You've reviewed all of these records, true, sir? 7 8 I have, yes, part of the thousands of pages that I've 9 seen. 10 Q So you'd agree that there's nothing in this entire record from Brookdale where it uses the word "back" and associates it 11 12 somehow with pain, tenderness or decreased range of motion, 13 agreed? 14 That's correct. And the neurological exam says "gait normal," so he was 15 16 walking fine, true? Which is not consistent, but that's true. 17 Α 18 Q And not consistent with what? 19 With calf pain on the right side, swollen calf and they 20 say gait normal, which is not consistent. 21 Well, he walked in there and they observed him and they 22 said his gait was normal, fair? 23 Α I'm just pointing it out there's inconsistency, but 24 that's what they're reporting. I don't have a dispute about 25 it.

- 1 Q In addition to the two EMT and at Evangelical we have
- 2 | three more healthcare providers where there were no complaints
- 3 of back pain, true?
- 4 A True.
- 5 Q No complaints of radiation, true?
- 6 A Yes.
- 7 Q No complaints of numbness, tingling or quadricept pain
- 8 either, true?
- 9 A That's correct.
- 10 Q Then, we have no treatment for the next five days, the
- 11 | 11th, the 12th, the 13th, the 14th, the 15th. I think he
- 12 | finally sees a physical therapist on the 16th.
- 13 A I believe that's correct.
- 14 | Q And do you recall, sir, I won't put it up now, but do you
- 15 | recall that the physical therapist had a spot for low back
- 16 pain and it was completely blank?
- 17 A I'd have to look at the report.
- 18 Q If that's what's in there, you don't dispute that?
- 19 A If it's in there, no.
- 20 | Q The first complaint then of back pain would be on October
- 21 | 17, 2013 with Dr. Hal Gutstein over at 110 West 34th Street?
- 22 | A Yes.
- 23 | Q And what we know is that in those five days Mr. Bauta
- 24 retained a lawyer, fair?
- 25 MR. McELFISH: Objection, foundation.

```
1528
                         Mobin - cross - Mannion
1
              THE COURT: Do you know when Mr. Bauta retained an
 2
    attorney?
 3
              THE WITNESS: No, sir.
 4
              MR. MANNION: 040495 -- 413, Your Honor, Bates
    stamped 040945.
5
                          Before you move on, are you offering --
 6
              THE COURT:
7
              MR. MANNION: Yes, I am Your Honor.
8
              THE COURT: Objection?
9
              MR. McELFISH: I don't have it.
              MR. MANNION: It's the Brookdale records from the
10
11
    ED.
12
              MR. McELFISH: No objection to that okay.
              THE COURT: Received Defendant's 404.
13
14
               (Defendants' Exhibit 404 received in evidence.)
    Q
         413 is New York Medical Rehab Center, Grand Concourse
15
16
    Chiropractic PC, 110 West 34th Street. You've seen these
17
    records, true, sir?
18
         I believe so, yes.
19
              MR. MANNION: Small screens only, Your Honor,
20
    please.
21
              THE COURT: These are Dr. Russo's records; is that
22
    correct?
23
              MR. MANNION: Yes, sir.
24
    Q
         You'll see on here this is from October 16, 2013;
25
    correct?
```

Mobin - cross - Mannion 1529 That first exhibit, yes. 1 2 And on here it indicates Attorney Colbert, 50 East 42nd 3 Street. 4 Α Yes. And it has all of his information and to the left of that 5 Q it says, "Left message for info"? 6 7 Α Yes. 8 So fair to say that Mr. Bauta was represented before he 9 went to see the doctor on the 17th? 10 Α That's what it appears to be. 11 And were you aware that actually the attorney referred 12 him to that physician? 13 MR. McELFISH: Objection, foundation. 14 THE COURT: Do you know one way or the other how he came to be there? 15 16 THE WITNESS: I don't know that. Would that make a difference to you? 17 Q 18 Α It doesn't. 19 MR. McELFISH: Argumentative. Would that make a difference to your review of the 20 Q 21 records and the credibility of the records? 22 MR. McELFISH: Objection. 23 Α It doesn't, no. 24 Okay. You would agree, though, that the credibility of 25 both the patient and the patient's treating physicians is

1530

- 1 | important to you as an expert reviewing these records?
- 2 A Yes.
- 3 | Q In fact the history provided by a patient is, I think in
- 4 | your own words, one of the most important parts of an exam,
- 5 | fair?
- 6 A That is fair.
- 7 Q And of course by saying that what you mean is the
- 8 | credibility of the patient and what they're reporting is
- 9 | crucially important, fair?
- 10 A What I'm saying is you need to get an honest history from
- 11 | the patient in order to be able to treat them.
- 12 | Q And to the extent the history you're getting is not
- 13 | accurate for whatever reason, that would cast some doubt on
- 14 | the information in the records, fair?
- 15 A It can, yes.
- 16 Q Likewise, you want your physicians that you're relying on
- 17 | and their records to be credible, do you agree?
- 18 A Yes.
- 19 Q And, I mean, you didn't know anything about Mr. Bauta's
- 20 background when you reviewed this other than what you saw in
- 21 | the medical reports, true?
- 22 A That's correct.
- 23 | Q And, again, you only talked about Mr. McElfish, none of
- 24 | the treaters there?
- 25 A That's correct.

Mobin - cross - Mannion 1531 And didn't see Mr. Bauta? 1 Q 2 Α Correct. 3 Q You testified as an expert for Mr. McElfish before, fair? 4 Α I have. Just recently out in L.A., was it? 5 Q 6 Α It was in Los Angeles, but I'm not sure how recent it 7 was. 8 Q Several times you worked for Mr. McElfish before, true? 9 Α Probably two or three times before. 10 Q And some of our experts have worked with us before, but 11 you two knew each other from that, fair? 12 Α Yes. 13 Q And you've testified dozens and dozens in trial, fair? 14 Α I have. 15 Q You've given over 200 depositions? 16 I have. 17 When you were reviewing this case, even up until today, 18 you were under the opinion that Dr. Lattuga was one of the 19 treating physicians, fair? 20 Α That's what the records indicated, so, yes. 21 The records that you relied on for their truth said that 22 he was a treating physician, fair? 23 Α Well, he evaluated Mr. Bauta and I went through this in 24 the deposition to a certain extent. He didn't treat Mr. Bauta 25 in the sense of operating on him or performing procedures on

1532

- 1 him, but he evaluated him.
- 2 Q You understood, though, and you believed at the time you
- 3 were giving your deposition that he had actually treated
- 4 Mr. Bauta. He was one of the treaters, true?
- 5 A It's a play with words, but yes. He was one of the
- 6 doctors that evaluated Mr. Bauta.
- 7 Q You thought he was one of the doctors that evaluated him
- 8 | meaning he laid his eyes and his hands-on him, true?
- 9 A Yes.
- 10 | Q And to this day do you know what Dr. Lattuga's true
- 11 | involvement was with the plaintiff?
- 12 A I don't know.
- 13 | Q Okay. One of the -- before we go on I want to mention
- 14 | briefly that as expert you obviously are getting paid for your
- 15 | time, true?
- 16 A Yes.
- 17 | Q Just like our experts. What was it, 15,000 to come and
- 18 | testify at trial?
- 19 A It's for a full day, yes.
- 20 | Q And how much had you spent or charged before that,
- 21 | 25,000?
- 22 A I don't know it's that high, but it will be the record
- 23 | reviews and the preparation of reports. So I believe our
- 24 office provided you with a breakdown but I don't believe it's
- 25 | that high.

Mobin - cross - Mannion 1533 And, in fact, I think that as of June 2017 you were over 1 Q 2 \$21,000 that you had billed on this? 3 If that's what the records say, yes. 4 Let's talk about the report from Dr. Lattuga that you 5 relied on. If we can get to that report -- the Bates stamp 6 number that I'd like to go to is 42835. 454 is the exhibit 7 number. 8 THE COURT: 428 what? 9 MR. MANNION: 845. It's Exhibit 454. 10 Q And, sir, you reviewed Dr. Lattuga's 14-page report? 11 Yes, I did. 12 Okay. By the way, part of those charges, we're talking 13 about credibility, did you realize that part of the charges 14 that you talked about had a \$1,250 charge for this report? 15 Α If that's what the records indicate. I don't dispute it. 16 And if Dr. Lattuga never saw this patient, never talked 17 to him, never evaluated him, never treated him, would you take 18 that \$1,250 off? 19 If it was intended for treatment, yes, but if it was a 20 report that was created with the review of records then 21 there's a charge for that. 22 And the providers, one of the providers you talked about 23 charged \$30,000 for a procedure that you said \$5,000 was the

A Yes.

reasonableness expense. Do you recall that?

24

25

```
1534
                        Mobin - cross - Mannion
         600 percent higher than it should be?
1
    Q
 2
         It's -- the reason for that is when you do a procedure,
 3
    the second code is a percentage of the charge. In other
 4
    words, if that code was done by itself then, yes, it would
    have been the full amount, but since it's in conjunction with
5
6
    other codes, then it would be reduced and that's what I said
7
    in my testimony. I'm not trying to give you the highest
8
    number or the lowest number. I'm trying to give you the
9
    number that I've seen as a fair and reasonable number.
10
    Q
         I'm not criticizing you. What I'm saying is that treater
11
    was charging $30,000 when they should have charged 5?
12
         They might have, yes.
    Α
13
    Q
         If we look at this exhibit here on 835?
14
              MR. McELFISH: Your Honor, we move to admit
15
    Dr. Lattuga's report and publish this to the jury.
16
              THE COURT: Objection?
17
              MR. McELFISH: No objection.
18
              THE COURT: This is exhibit Defendant's 454. What
19
    pages?
20
              MR. McELFISH: It would be pages 042833 through
21
    042846, 14 pages.
22
              THE COURT: So received.
23
              (Defendant's Exhibit 454 received in evidence.)
24
         Sir, if you look, it says follow-up visit on January 22,
25
    2015.
           Do you see that?
```

- 1 A Yes.
- 2 Q And when you reviewed this, you thought this was
- 3 Dr. Lattuga's follow-up visit with this patient, fair?
- 4 A Yes.
- 5 Q If we go to 42386 on the next page under motor exam,
- 6 Dr. Lattuga has information in here that would lead you to
- 7 believe that he performed a motor exam, both the cervical and
- 8 | lumbar neurological exam, true?
- 9 A That's correct.
- 10 Q If we then go to 42837 at the top, another follow-up
- 11 | visit on March 10, 2015 that you believed Dr. Lattuga had with
- 12 the patient, fair?
- 13 | A Yes.
- 14 | Q These are all things that if he didn't see the patient,
- 15 | he wouldn't know this firsthand, true?
- 16 A Right. I'm relying on the records.
- 17 | Q Okay. And we can continue to go through here, but let me
- 18 | skip some. If we can go to 42845 and if you can highlight the
- 19 | fifth paragraph down starting, I have treated, this is
- 20 Dr. Lattuga's report saying "I," meaning Dr. Lattuga, true?
- 21 A If that's the signature line, yes.
- 22 | Q "Have treated Jose Bauta from November 17, 2014 through
- 23 | the present." Did I read that portion correctly?
- 24 | A Yes.
- 25 | Q If we then go to the next page 042846 and highlight that

1536 Mobin - cross - Mannion last paragraph, can you read the last paragraph for us, 1 2 Doctor? I will read it and tell me if I did so correctly. 3 "I, Sebastian Lattuga, M.D. being duly licensed to practice in 4 the State of New York affirm the foregoing under penalties of perjury to CPLR 2106 and that the foregoing is true and 5 6 accurate to the best of my knowledge and information." Did I read that correctly? 7 8 Α Yes. 9 And he signs it Sebastian Lattuga, true? 10 Α Yes. 11 And by confirming that he was telling you or whoever read 12 the records that he saw the patient, he examined the patient, 13 he performed tests on the patient, he personally treated the 14 patient; isn't that what he's saying? 15 MR. McELFISH: Objection, foundation. 16 THE COURT: Overruled. 17 Α That's what he says. 18 Q And none of that is true, is it? 19 I don't know. 20 I want you to assume that Dr. Lattuga never met the 21 patient, never talked to him on the phone, never evaluated 22 him, never treated him. With that assumption, those 23 statements aren't true, are they? 24 If he has not seen the patient but had a physician 25 assistant or another physician in the group that did and he

Mobin - cross - Mannion 1537 relied on that, he should have indicated that, but if he 1 2 hasn't then that's not correct. 3 When you read this you took it as Dr. Lattuga personally 4 treating this patient, fair? 5 Α I review records and I look at the signatory of the reports to see who has done it, yes. 6 7 When he says, "I have treated Jose Bauta from November () 17, 2014 to the present," you took him at his word, fair? 8 9 Α I guess so, yes. 10 THE COURT: Let's move on. 11 MR. MANNION: One last question on this, Your Honor. 12 THE COURT: Go ahead. 13 And if that is not true, wouldn't that raise some Q 14 questions in your mind about your ability to rely on Dr. Lattuga? 15 16 It would, but it does not detract from the other 17 physicians that have seen and actually treated Mr. Bauta's 18 condition. 19 Although that's not what I was asking. As it relates to 20 Dr. Lattuga, that would certainly raise some questions in your 21 mind as to whether you should be relying on him, true? 22 MR. MANNION: Objection. 23 THE COURT: Sustained. 24 Q And likewise, sir, if he was not, then now with the same 25 assumption that he never saw or treated him would you agree

1538

- 1 | that that narrative report should be taken off the bills?
- 2 A If he has not treated the patient, yes.
- 3 Q If we can pull up -- I'll get an exhibit number in a
- 4 second. Bates 040236. 404 is part of the Brookdale records.
- 5 Did you see some records from Brookdale where in February of
- 6 2014, several months after this accident Mr. Bauta slipped and
- 7 | fell on some ice?
- 8 A I believe those are the February 2014 records.
- 9 Q Okay. And at that time do you recall that he
- 10 | specifically denied back pain?
- 11 A That's what I remember, yes.
- 12 | Q And the only tenderness found was to his left knee, fair?
- 13 A I believe so, yes.
- 14 | Q He was diagnosed with a bruise to the left knee and that
- 15 was it, fair?
- 16 A That's correct.
- 17 | Q Do you also recall a record from April 15th of 2014 where
- 18 | it talks about Mr. Bauta having a fall a week before that?
- 19 A In the Brookdale records, I don't remember that.
- 20 Q We're not in the Brookdale. Do you recall any other
- 21 | falls that Mr. Bauta had?
- 22 A Not by remembering right now.
- 23 | Q And you're not here to tell this jury that we caused
- 24 | Mr. Bauta to slip and fall on the ice to a reasonable degree
- 25 of medical probability?

Mobin - cross - Mannion 1539 I don't know. 1 Α 2 You're not saying that; right? 3 That you made him fall? 4 No, that it was as a result of his injuries that he 5 slipped and fell on ice; you're not saying that, you don't 6 know one way or the other? 7 I don't know one way or the other, but he did have weakness in his right leg. 8 9 But you don't know that that's what caused him to fall on 10 ice, do you? MR. McELFISH: Objection, argumentative and asked 11 12 and answered. 13 THE COURT: Sustained. 14 And there's nothing in the records that indicates he 15 complained of any type of weakness in his legs as the reason for the fall, fair? 16 Not those exact words, that's correct. 17 18 And back on the credibility of the patient and what they 19 say, were you aware of the validity testing that was done in 20 this case by various other providers? 21 MR. McELFISH: Outside the scope. 22 THE COURT: Sustained. 23 Q If a patient is specifically asked whether they can do a 24 specific activity and they tell you they can't and you find 25 out objectively that they can actually do that activity, how

1540 Mobin - cross - Mannion does that impact your review of the records in a case like 1 2 this? 3 MR. McELFISH: Objection, lack foundation. 4 broad. THE COURT: Overruled. 5 6 It really depends what you're specifically asking and if 7 they're asking -- if they're saying I can't do skiing and they 8 go skiing, that will impact my opinion. If they say I can 9 walk with a cane, I usually use a cane and then sometimes they 10 don't use a cane, it really depends on their comfort level at that particular time or other circumstances. 11 12 Well, if a patient specifically tells you that they have 13 not and cannot do a certain activity, but you find out they 14 have been doing a physical activity, would that raise a 15 question in your mind as to credibility? 16 MR. McELFISH: Objection. THE COURT: Overruled. 17 18 You need to be more specific. I can't answer that 19 question in that general of a term. 20 You haven't looked at the records for that type of 21 information or you have? 22 I'm not sure what you're asking, sir. 23 Q Okay. Would you agree today that at least as of April of 24 2017 when Mr. Bauta was last deposed, that he was able to do 25 his own shopping, do his own laundry?

```
Mobin - cross - Mannion
                                                                 1541
               MR. McELFISH: Outside of scope.
 1
 2
               THE COURT: Overruled.
 3
          I'm not aware of that, no.
 4
               (Continued on the following page.)
 5
 6
 7
 8
 9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
```

Mobin - cross - Mannion 1542 CROSS EXAMINATION 1 2 BY MR. MANNION: (Continuing) 3 Q And did you read his deposition from April 2017? 4 Α I have not. That's the most recent deposition of Mr. Bauta talking 5 6 about what he can and can't do from a physical standpoint. 7 You haven't read that? Α I don't believe so. 8 9 Q And when was your last deposition? Was it June of 2017? 10 Α No, I can tell you. Last deposition --11 Q Or was it February of 2017? It might be February. 12 I believe so, yes. Α 13 So from February 2017 until today, you hadn't had any Q 14 information provided to you as to what Mr. Bauta can and can't 15 do? 16 I don't have that, no. 17 Okay. Would it help you to know that he, in fact, is in 18 good enough physical condition to help take care of his dad and do some of his dad's chores? 19 20 MR. McELFISH: Foundation. 21 THE COURT: Overruled. 22 Well, that means that he has improved since the surgery, 23 but it doesn't mean that he does not have pain still, which is 24 what the records indicate. I apologize. I guess it was in June. Was it June 2017 25

Mobin - cross - Mannion 1543 your second deposition? 1 So I was just looking at that. The second deposition was 2 3 June 8, 2017, that's correct. So two months after this deposition in April? 4 Q I quess so, yes. 5 Α 6 So you weren't aware that he was able to bend and touch Q 7 his knees? 8 Α Not at that point, no. 9 Q That he had some caretaking responsibilities for his dad? No. 10 Α 11 Q That he did his own cleaning and cooking and his dad's 12 cleaning and cooking at times? 13 Α No. 14 That he did his dad's laundry? Α No. 15 16 That he shopped for his dad? 17 MR. McELFISH: Facts not in evidence. 18 THE COURT: Overruled. 19 So the list that you're reading, if that's the 20 deposition, I did not review his deposition. 21 Were you aware that Mr. Bauta testified he did not have 22 to use his cane regularly back in April of 2017? 23 Α I believe so. I'm thinking of a different record, but he 24 had a cane after the surgery, as I said. And to a certain 25 extent, he's using it to take pressure off of his back. It's

1544 Mobin - cross - Mannion not for weakness in his legs since the surgery. So he can use 1 2 it as needed. 3 You haven't seen the video of Mr. Bauta? 4 MR. McELFISH: Objection. Foundation. MR. MANNION: I was asking. 5 THE COURT: Overruled. You haven't seen it. 6 I have not. 7 Α 8 Would it help you to see video of Mr. Bauta as to how he 9 walks both with and without his cane? 10 Α So that is only a one snippet of time. It doesn't tell me the entirety of his back condition. 11 12 More importantly, I have actual MRI and CAT scan 13 images of his spine and records that span at least three years 14 of time. So looking at a video in one particular capsule of 15 time may not necessarily tell me the whole story of his back, 16 gait, or what his condition is. To be fair -- that's fair, sir, but I didn't ask whether 17 18 it told you the whole story. Would it be helpful to you to 19 have video to see how Mr. Bauta walks both with and without a 20 cane in 2017? 21 MR. McELFISH: Foundation. 22 THE COURT: Overruled. 23 It doesn't really change the opinions that I have. But 24 if it's a piece of evidence that I need to see, I'll see it. 25 It doesn't alter the medical facts of the case.

Mobin - cross - Mannion 1545 You weren't provided that information; true? 1 Q 2 I don't believe so. 3 THE COURT: You have 15 minutes before we have to break for the day. 4 MR. MANNION: I know. Your Honor, I'm looking. 5 Give me one quick minute. I cut out a bunch here trying to 6 7 get this done. 8 MR. McELFISH: I stopped early so I could have a 9 little bit, even with the IT problem. 10 THE COURT: I appreciate that. 11 MR. MANNION: One quick moment, Your Honor. 12 THE COURT: Yes. 13 Sir, you talked about some of those studies relating to Q adjacent segment degeneration? 14 15 Α Yes. 16 And you talked about the percentages? 17 Α Correct. 18 Q Now, you'd agree that in the articles that you cited in 19 your report none of them state that future surgery is more likely than not, do they? 20 21 They provide us with an extrapolation during the time of 22 the studies. 23 One thing you got to remember is medical studies 24 don't go the lifetime of an individual. Again, they are capsules of time. They are short time-wise. They're 25

anywhere from two, five to ten years.

The study that I have or several studies that I provided in my deposition and in my reports, one of them particularly indicates that over a 10-year span of time they have 36 percent of the patients that develop enough adjacent segment disease that were surgical candidates for redo surgery and they actually were undergoing surgery. So that gives you about 3.6 percent in that 10-year cohort.

- Q The L5-S1 is the level that what we're talking about here: correct?
- 11 A No, the L3-4 would be the level that would be the 12 adjacent segment.
- Q Okay. None of these articles, and I have looked at them,
 none of these articles anywhere mention a greater than 50
 percent chance of future surgery, do they?
 - A They can't. They're not -- as I said, they're not long-span studies. They're studies that are usually five, almost -- maximally 10 years in span, so they can't provide you with a number of more than 36 or 40 percent.
 - Q And there is controversy regarding the subsequent degeneration of adjacent segments in the field, isn't there?
 - A There's always controversy in the field. There are no one or two surgeons that are standing in a room that agree on everything. But one thing that is not in dispute is adjacent segment; in other words, the ongoing thought about spine

- 1 | surgery and fusion is that fusion will cause accelerated
- 2 degeneration of adjacent segment, hence, the term adjacent
- 3 | segment disease. And that's why we do all these new different
- 4 | technologies, like disc replacement, doing arthroplasty,
- 5 putting devices that allow the spine to keep moving. So I
- 6 think the majority of spine surgeons, if not the entire
- 7 | community of spine surgeons do agree on adjacent segment
- 8 disease.
- 9 Q Doctor, tell me if you agree with this, in one of your
- 10 | articles, at the very first paragraph, "There is controversy
- 11 | regarding the subsequent degeneration of adjacent segments,
- 12 and we are aware of no long-term studies that have analyzed
- 13 | both cephalad and caudad degeneration following posterior
- 14 | arthrodesis. I may have mispronounced some, but do you recall
- 15 reading that?
- 16 A Which article are you referring to?
- 17 | Q Adjacent Segment Degeneration in the Lumbar Spine.
- 18 A Right. So I think that's the preamble of the article and
- 19 | they go in and explain what the findings are.
- 20 Q And these patients were actually patients who had
- 21 degeneration and that's why they had their original surgery;
- 22 | true?
- 23 A Those were patients that generally have degeneration have
- 24 | surgery, that's correct.
- 25 | Q So you would expect that their spine would continue to

1 degenerate; fair?

A So that's exactly the point of the article. The question is this: If you look at an individual who has a degenerated disc and you follow that patient in time, does that individual defer or change from another individual. Let's say you have two twin. Let's do a twin study. You have one twin with a degenerative disc at L3-4. You have another twin with a degenerative disc L3-4. Twin one goes on with his life. Twin B gets a fusion from L4 to S1. What is going to happen to these in terms of the crossover or the timeline? Are they going to go in parallel or one of them is going to degenerate faster than the other. That's the controversy.

And what our studies are telling us over the last two-and-a-half decades, this is a question since the 1990s, is that individual that gets fusion will have accelerated degeneration. They will experience adjacent segment disease more so than individuals that don't have a fusion below that level.

- Q Okay. So you would agree, though, that the patients in these studies had degenerative disease that led to their initial surgery; fair?
- 22 | A Yes.
- Q And in this case, you believe it was trauma that caused it, not degeneration?
- 25 A In this case, what I've written in my reports and

```
Mobin - redirect - McElfish
                                                                1549
1
    testified all day today is that Mr. Bauta has some underlying
 2
    degenerative condition, but he had a traumatic disc on the
 3
    background of the landscape of degeneration.
 4
         And that underlying degeneration would have continued
    from age 37 or 38 at the time of this accident moving forward;
 5
    fair?
 6
 7
    Α
         Yes.
8
    Q
         And --
9
              THE COURT: Last question.
10
              MR. MANNION:
                             Okay.
11
         Sir, you'd agree in one of these studies, it literally
12
    indicates only 11.6 percent or 14.5 percent or 16.3 percent of
13
    patients need future surgery due to adjacent segment
14
    degeneration; fair?
15
         That's a four-year study, correct.
    Α
              MR. MANNION: Your Honor, I would just proffer I
16
17
    would have more, but because of the time.
18
              THE COURT: We have to move on.
19
              MR. MANNION:
                             Yes.
20
    REDIRECT EXAMINATION
21
    BY MR. McELFISH:
22
         Dr. Mobin, when you say that there is a landscape -- I'm
23
    sorry, a degenerative landscape of the spine, are you
24
    referring to the cervical or the lumbar with respect to the
    particular films that you saw of Mr. Bauta?
25
```

Mobin - redirect - McElfish

1550

1 A Both, actually. But in particular, the lumbar MRI show

2 us that there is desiccated disc at the L5-S1, even on the

3 | first MRI, which is in November of 2013. So what I mean is

4 that the desiccation probably, more than likely preexisted the

5 incident. He had a susceptible disc at the L5-S1 and then he

was subjected to a significant accident with significant

7 | forces then caused the rupture either acutely or in a delayed

fashion.

6

8

10

11

18

24

9 Q And, Doctor, given that there was never a complaint or a

record prior to this accident, do you attribute the pain and

all the treatment and all the care and all the surgeries that

12 he has had to the accident, not the degeneration?

13 A I do, yes.

14 Q Okay. So has anything that Mr. Mannion asked you changed

15 | your opinions that you elicited on direct?

16 A It doesn't. The other counsel is implying or saying that

17 Dr. Lattuga, for example, did not see the patient. And my

opinion is if that's the case, the charges and all of that

19 | should be stricken.

20 However, the other doctors in his group, the other

21 | two partners have seen and treated, and one of them did

22 | operate on Mr. Bauta, and they have clearly and accurately

23 | documented his MRI findings and have documented physical

findings, which are consistent with at least five, if not six,

25 other providers of Mr. Bauta's care.

Mobin - redirect - McElfish 1551 On that point, Dr. Mobin, I want you to make the 1 Q 2 assumption, as Mr. Mannion asked you about assumptions, I want 3 you to assume that Dr. Lattuga has testified in his 4 depositions that when he prepared the report he made an error saying I --5 6 MR. MANNION: Objection, Your Honor. 7 THE COURT: Overruled. 8 Instead of saying I treated, the practice treated, his Q 9 practice, meaning Dr. Cordiale and Dr. Mikelis, and that it 10 was simply a minor error in his expert report, with that assumption in mind --11 12 THE COURT: Sustained. He is not an expert in this 13 case. 14 MR. McELFISH: Let me start again with that. Q 15 With the assumption in mind that Dr. Lattuga testified 16 that he made an error in his report, that he meant to say the 17 practice treated, my practice treated instead of I did, would 18 that change your opinions in this case? 19 As I said, that's what I said at my deposition and 20 earlier the questions that were put to me regarding Dr. 21 Lattuga's report, I said, you know, in my practice I have pain 22 specialists, in my prior practice, we had 22 doctors 23 associated with our practice, and we had records back and 24 forth. So I would typically and customarily incorporate some 25 of the findings of my other colleagues in my reports, although

```
Mobin - redirect - McElfish
                                                               1552
    I saw the patient. So it doesn't change my opinion as long as
1
 2
    the substance of the data was actually obtained from the
 3
    patient.
 4
         And is that what happened in this case, Dr. Lattuga
    incorporated the treating records from Dr. Cordiale and Dr.
 5
    Mikelis into his report?
 6
7
              MR. MANNION: Objection, leading and --
8
              THE COURT: Sustained.
9
              You saw Dr. Cordiale's records; right?
10
              THE WITNESS: Yes.
11
              THE COURT: Underlying records?
12
              THE WITNESS: Yes.
13
              THE COURT: And the other doctors from Lattuga's
14
    practice have treated Mr. Bauta?
15
              THE WITNESS: Yes.
16
              THE COURT: And you relied on those?
17
              THE WITNESS: I did, yes.
18
    Q
         Let me ask it this way: If Dr. Lattuga never issued a
19
    report in this case, would it have any affect on your opinion?
         No, it wouldn't.
20
    Α
21
         Now, Mr. Mannion was asking you a lot of questions about
22
    the EMT report. I will do this briefly. Can you just give
23
    the jury an idea of how a person can have an injury like Mr.
24
    Bauta has and have an exam like he had with the EMT?
25
         Yes, it's very similar to what I have discussed and
```

Mobin - redirect - McElfish 1553 testified earlier in an emergency room setting. 1 2 emergency room setting we try to triage patients. The 3 emergency room physician in charge triages the patients in the 4 sense of who's going to die now, who's going to die later, who's stable to go out. EMT's have the same kind of mindset. 5 6 They come to the scene, to the bedside, to wherever the injury is, they try to determine is the patient in coma or not, is 7 there a life-threatening issue at hand or not. They're not 8 9 going to sit down and do a straight leg raise test and a 10 neurological exam in terms of doing every single dermatome with a pinprick. They don't have time. There are fatalities 11 12 at the scene and they need to tend to other injured parties. 13 It is not unusual to see these types of records that 14 says able to walk at the scene, no tenderness, this patient is 15 okay to leave and go to some other provider. 16 Dr. Mobin, with respect to the really early records, the 17 EMT records and the Evangelical Hospital records and even to 18 some degree the Brookdale Hospital records, you offered two 19 explanations, one was delayed onset, one was a tear in the 20 annulus, just real brief, on the tear in the annulus, how can 21 that have a delayed symptomatology? 22 MR. MANNION: Objection. Outside the scope. 23 THE COURT: Overruled.

that sits between the vertebra of the jelly doughnut -- I will

Again, very briefly, if you imagine the disc, the cushion

24

25

Mobin - redirect - McElfish 1554

give you a milder example as opposed to the belly.

The jelly doughnut, as we age, gets more brittle, and if you imagine the jelly getting dryer. Now, if there is a traumatic event that causes a crack in the outer part of the shell of the jelly doughnut, even under normal conditions, sitting, standing, you can push that jelly, the dry jelly out in a delayed fashion; in other words, you either smash the doughnut and the jelly extrudes, or over time, because there is a large crack now because of the trauma, a twisting type of a trauma, a flexion- or extension-type trauma, then over the next day or week or month the jelly gets extruded in a delayed fashion and all of a sudden they have pain down the leg and have onset of lower back pain.

Q I want you to assume that Mr. Bauta's sister, Selenia Bauta, appeared here and testified before the jury that just a couple days after the accident he had pain in his back and his right leg, would that then support your opinions?

MR. MANNION: Objection, Your Honor.

THE COURT: Overruled.

A That would be an independent observation, the individual saying look, I'm having back and leg pain shortly thereafter, after the accident.

- Q The same question, his brother-in-law, I want you to assume testified to the same thing.
- A That would also be supportive testimony.

Mobin - redirect - McElfish 1555 And the fact that he may have had a lawyer to help him 1 Q 2 within a couple days after the accident, does that in any way 3 impact your opinion as an expert witness in this case? 4 It does not, no. Earlier in your direct testimony when we spent all that 5 6 time going through the bills, you actually identified the -- I 7 think it was an NARR charge for 1,250 and you actually 8 testified that that was not a charge that would be related and 9 you removed it; right? 10 Α That is correct. 11 So Mr. Mannion was asking you about a charge that you 12 already agreed --13 MR. MANNION: Objection, Your Honor. Argumentative 14 and leading. 15 THE COURT: Sustained. And you had mentioned a medical condition of distracting 16 17 Can you explain briefly, real brief? 18 So this is what we deal with, in terms of neurosurgical 19 consultant to the emergency room, when the patient comes in 20 and, let's say, has a broken leg, they may not complain of the 21 neck pain, they may actually have a neck fracture and not know 22 That's why a lateral C-spine X-ray is done about it. 23 routinely on multi-trauma individuals, in what is called 24 rollovers, and orthopedic injuries, and multiple extremity 25 injuries, because the pain in one location, if it's severe

```
Mobin - redirect - McElfish
                                                                1556
    enough, can distract from the pain in other locations.
1
 2
              MR. McELFISH: Judge, three quick questions and I
3
    will be done.
 4
              THE COURT: Yes, as long as they don't take 20
    minutes.
5
         Number one, is the other reason that you gave in your
6
    Q
7
    direct testimony about the explanation for the findings by the
8
    EMT and the hospital, he did complain in the hospital of leg
9
    pain and body pain; right?
10
              MR. MANNION: Objection.
                                         Leading.
11
              THE COURT: Overruled.
12
                He did. The Brookdale records in particular, he
    Α
         Yes.
13
    was complaining about total body ache and leg pain.
14
               (Continued on following page.)
15
16
17
18
19
20
21
22
23
24
25
```

```
Mobin, MD - redirect - McElfish
                                                                1557
    EXAMINATION CONTINUES
1
 2
    BY MR. McELFISH:
 3
         Okay, and the other reason that you gave, which is a
 4
    medical explanation, is that of delayed onset.
              Can you just, real brief?
 5
 6
         That's -- the delayed onset is, as I said, it is the
7
    timing of this inflammatory response. In other words, the
8
    disk, there is a reason it's embedded in a very strong cover.
9
    It's called the annulus. Because the nuclear material, the
10
    center part of the disk, is highly inflammatory. So as it
11
    comes out and it comes in close proximity to nerves, it can
12
    set off an inflammatory response, irritation and causing
13
    burning sensation, tingling and whatnot down the leg. Hence,
14
    use of the anti-inflammatories.
15
    Q
         Is this, as a neurosurgeon, a progression of an injury
16
    that you commonly see?
17
         I've seen it multiple times, yes.
18
         All right, and you were asked about the $30,000 charge
19
    for the supplemental work that was done in the operating room.
20
              You mentioned that if it's done on its own it would
21
    be billed at 30,000, but if it's billed supplementally it
22
    would be billed at $5,000.
23
              Have you seen that as a common billing error?
24
              MR. MANNION:
                             Objection.
25
              THE COURT: Sustained.
```

```
Mobin, MD - redirect - McElfish
                                                                1558
    BY MR. McELFISH:
1
 2
         Is it easy to misbill --
 3
              THE COURT: It's irrelevant.
 4
              MR. McELFISH: Okay.
    BY MR. McELFISH:
 5
         Last question is on the ASD.
 6
7
              Has anything Mr. Mannion asked you changed your
8
    opinion about whether or not Mr. Bauta, A, will develop ASD
9
    and, B, will have a need for surgery, more probable than not?
10
    Α
         It did not, no.
         Sorry, that was supposed to be the last question, this is
11
12
    the last question.
13
               In the studies that Mr. Mannion was asking you
14
    about, those studies did not involve patients that were
15
    involved in trauma, correct?
         I don't believe so, that's correct.
16
17
         So your opinion is based not only on the science, but
18
    your many years of treatment and care for people in your
    practice?
19
20
    Α
         That is correct.
21
                             Thank you, I have no further
              MR. McELFISH:
22
    questions.
23
              THE COURT:
                           Quickly.
24
              MR. MANNION:
                             Thank you, Your Honor.
25
                                   111
```

Mobin, MD - recross - Mannion 1559 **RECROSS-EXAMINATION** 1 2 BY MR. MANNION: 3 Doctor, you don't have a single study that says that 4 patients who had to have surgery because of trauma are likely to have surgery because of ASD in the future, do you? 5 6 So the traumatic patients generally have a worse 7 impact on the spine more than the degenerative spine. So the 8 ASD studies in more ways than not are more conservative 9 numbers than it is for traumatic patients. 10 Q Does it say that anywhere in those studies or do you have 11 any study to show that? 12 The study is right in front of you, 20 years of 13 neurosurgery. 14 Okay. But you don't have something to say that these 15 studies that apply to people who had surgery from degeneration 16 apply to trauma; fair? 17 As I said, the degenerative studies are conservative 18 estimates. 19 Q That's not what I asked. 20 That's my answer to you. This is the best way I can 21 explain it to you. The degenerative patients have a less 22 trauma by definition to their spine; hence, have a less chance 23 of developing adjacent segment disease as opposed to an 24 individual who was involved in trauma who has more than one 25 area of spine injured.

Mobin, MD - recross - Mannion 1560 You were asked a question about Mr. Bauta's sister and 1 Q 2 about complaints of pain that he may have made to her 3 following the accident. 4 You certainly don't -- you're not saying that his sister is a better historian than EMS and ED, emergency 5 6 department personnel, are you? 7 MR. McELFISH: Argumentative. 8 THE COURT: Sustained. BY MR. MANNION: 9 10 Q Sir, part of what you have to determine is credibility of 11 the records you're looking at, fair? 12 Α Yes. 13 Okay. So are you going to give more credence to a sister Q 14 who said, He told me he had pain in his back, than trained medical professionals who documented no back pain? 15 16 MR. McELFISH: Argumentative. THE COURT: Overruled. 17 18 I am not really giving credence more to one individual 19 than another. The circumstances of the EMT individuals, their 20 examination explains; the circumstances of a sister giving a 21 testimony under oath is another thing. They're just another 22 timeline piece of data that supports the fact that he 23 developed leg pain shortly after the accident. 24 Well, let me ask you this: If one of Mr. Bauta's sisters Q 25 testified under oath that she had never talked to Mr. McElfish

```
Mobin, MD - recross - Mannion
                                                                1561
    and we find out she actually had for hours, would that impact
1
 2
    whether -- how you give weight to her testimony relating to
 3
    back pain?
 4
              MR. McELFISH: Argumentative, lacks foundation.
              THE COURT: Overruled.
 5
 6
         It depends what the content was and it also brings a
    Α
 7
    legal issue, which I'm not here to speak of.
8
    Q
         Okay. Now, at the scene, I mean he didn't have a broken
9
    leg; fair?
10
    Α
         That's correct.
         He climbed out of the window?
11
    Q
12
    Α
         Yes.
13
    Q
         And you said fatalities, but I mean that was a mistake,
14
    right, there was a fatality in this case, right, one?
15
    Α
         That's my understanding.
16
         Okay. And they actually asked Mr. Bauta to help them
17
    with that, correct?
18
              MR. McELFISH: Objection.
19
              THE COURT: Sustained.
20
              MR. MANNION:
                             Okay.
21
              THE COURT:
                          Beyond the scope.
22
                              Thank you.
              MR. McELFISH:
23
              MR. MANNION: He specifically talked about the EMTs.
    BY MR. MANNION:
24
25
    Q
         And there was no life-threatening situation to mask his
```

1562 Mobin, MD - recross - Mannion 1 symptoms of back pain once he was out of that buzz, was there? 2 MR. McELFISH: Foundation, beyond the scope. 3 Foundation. 4 THE COURT: Overruled. Well, if there was a significant accident with fatality 5 Α 6 at the scene, I don't know what went through Mr. Bauta's head. 7 So he might have been trying to preserve himself from an 8 explosion or some other psychological issue that he had 9 experienced. 10 So there are a lot of circumstances that come into 11 play that will make an individual climb out of a window, for 12 example, to preserve their life. 13 Q He had to climb out of the window because that was the 14 easiest way to get out, or do you not know that? 15 MR. McELFISH: Objection, foundation. THE COURT: Sustained. 16 17 BY MR. MANNION: 18 Q Sir, he felt his shin pain; fair? 19 Α Yes. 20 And regarding the delayed response, are you aware that 21 according to Dr. Casden somebody with this type of herniation 22 it would be virtually impossible not to feel excruciating pain 23 at the time? 24 Α That's Dr. Casden's opinion. That's not what my opinion 25 is.

```
Mobin, MD - recross - Mannion
                                                                1563
 1
              MR. MANNION:
                             Okay, that's all.
 2
              THE COURT: Thank you, ladies and gentlemen. We are
 3
    done for the day. The same admonitions and I will see you
    tomorrow at 9 o'clock. Have a wonderful evening and night.
 4
 5
               (Jury exits.)
 6
              THE COURT: You are excused, thank you very much.
7
              THE WITNESS: Thank you.
8
               (Witness excused.)
9
        (Matter adjourned to Wednesday, May 9, 2018 at 9:00 a.m.)
10
11
12
13
14
                                 0000000
15
16
17
18
19
20
21
22
23
24
25
```

		1564
1	<u>I N D E X</u>	
2		
3	WITNESS	<u>PAGE</u>
4	FARDAD MOBIN	
5	DIRECT EXAMINATION BY MR. McELFISH	1335
6	CROSS EXAMINATION BY MR. MANNION	1485
7	REDIRECT EXAMINATION BY MR. McELFISH	1549
8	RECROSS-EXAMINATION BY MR. MANNION	1559
9		
10	<u>EXHIBITS</u>	
11		
12	Plaintiff's Exhibit 309	1374
13		
14	Plaintiff's Exhibit 308	1375
15		
16	Plaintiff's Exhibit 310	1376
17		
18	Plaintiff's Exhibit 311	1377
19		
20	Plaintiff's Exhibit 313	1382
21		
22	Plaintiff's Exhibit 314	1388
23		
24	Plaintiff's Exhibit 315-0001 through	
25	315-0014	1389

		1565
1		
2	Plaintiff's Exhibit 319-001	1394
3		
4	Plaintiff's Exhibit 320	1395
5		
6	Plaintiff's Exhibit 321	1397
7		
8	Plaintiff's Exhibit 324	1398
9		
10	Plaintiff's Exhibit 324-0001	1399
11 12	Dlaimtiffla Fuhibit 200	4.440
13	Plaintiff's Exhibit 326	1412
14	Plaintiff's Exhibit 327-0001, 327-0002 and	
15	327-0003	1412
16		
17	Plaintiff's Exhibit 329	1415
18		
19	Plaintiff's Exhibit 331-0001 through	
20	331-0009	1417
21		
22	Plaintiff's Exhibit 332-0001 through	
23	332-0007	1418
24		
25	Plaintiff's Exhibit 333	1418

	1566
Plaintiff's Exhibit 334	1419
Plaintiff's Exhibits 335, 336 and 337	1419
Plaintiff's Exhibit 339-001	1422
D7 : (:66)	4.400
Plaintitt's Exhibit 344	1423
Plaintiff's Evhibit 3/5-001	1423
Traniciti 3 Exhibit 343-001	1423
Plaintiff's Exhibit 351	1424
Plaintiff's Exhibits	1424
Plaintiff's Exhibit 354	1434
Plaintiff's Exhibit 355	1448
Plaintiff's Exhibit 362	1450
Plaintiff's Exhibit 363	1450
Dlointifflo Exhibit 272	4450
PIAINTITT S EXMIDIT 3/3	1452
	Plaintiff's Exhibits 335, 336 and 337 Plaintiff's Exhibit 339-001 Plaintiff's Exhibit 344 Plaintiff's Exhibit 345-001 Plaintiff's Exhibit 351 Plaintiff's Exhibits Plaintiff's Exhibits Plaintiff's Exhibit 354 Plaintiff's Exhibit 355

		4507
		1567
1		
2	Plaintiff's Exhibit 376	1457
3		
4	Plaintiff's Exhibit 320-001 through 320-005	1461
5		
6	Defendant's Exhibit 402	1516
7		
8	Defendants' Exhibit 403	1523
9		
10	Defendants' Exhibit 404	1528
11		
12	Defendant's Exhibit 454	1534
13		
14		
15		
16 17		
18		
19		
20		
21		
22		
23		
24		
25		

Bauta v. Greyhound Lines, et al				
\$	0	1374 _[1] - 1564:12		
		1375 [2] - 1301:5, 1564:14 1376 [1] - 1564:16		
\$1,023.61 [1] - 1377:16	0001 [2] - 1383:19, 1408:5	1376 [1] - 1364:10 1377 [1] - 1564:18		
\$1,042.85 [1] - 1394:2	0002 [1] - 1412:18	1382 [1] - 1564:20		
\$1,179.42 [1] - 1421:21	0003 [1] - 1412:18	1382 [1] - 1364:20 1388 [1] - 1564:22		
\$1,250 [2] - 1533:14, 1533:18	0006 [3] - 1322:20, 1323:8, 1398:5	1389 [1] - 1564:25		
\$1,894.50 [1] - 1421:22	001 [2] - 1370:14, 1394:5	1394 [1] - 1565:2		
\$10,000 [2] - 1373:7, 1443:14	0017 [1] - 1370:10	1395 [1] - 1565:4		
\$104.07 [1] - 1382:12 \$14,563.50 [1] - 1424:10	002 [1] - 1391:19	1397 [1] - 1565:6		
\$14,963.50 [1] - 1424.10 \$141,000 [1] - 1333:3	005 [1] - 1461:4	1398 [1] - 1565:8		
\$15,000 [4] - 1321:12, 1441:18,	0154 [1] - 1408:5 040193 [1] - 1506:7	1399 [1] - 1565:10		
1482:8, 1482:9	040194 [1] - 1511:13	13th [2] - 1474:25, 1527:11		
\$171,000 [1] - 1320:21	040197 [1] - 1518:1	14 [1] - 1534:21		
\$193,000 [1] - 1324:21	040236 [1] - 1538:4	14-CV-03725(FB)(RER [1] - 1300:3		
\$193,480.02 [1] - 1450:18	040495 [1] - 1528:4	14-page [1] - 1533:10		
\$2,000 [4] - 1373:11, 1481:22,	040945 [1] - 1528:5	14.5 [1] - 1549:12		
1481:24, 1482:11	042403 [1] - 1320:13	1412 [2] - 1565:12, 1565:15		
\$20,000 [8] - 1438:1, 1439:16,	042464 [1] - 1326:18	1415 [1] - 1565:17		
1440:17, 1440:18, 1440:19, 1441:24,	042833 [1] - 1534:20	1417 [1] - 1565:20		
1442:3, 1442:9	042846 [2] - 1534:21, 1535:25	1418 [2] - 1565:23, 1565:25		
\$200,000 [1] - 1323:14		1419 [2] - 1566:2, 1566:4		
\$201,000 [1] - 1317:23	1	1422 [1] - 1566:6		
\$21,000 [1] - 1533:2	·	1423 [2] - 1566:8, 1566:10		
\$213,000 [1] - 1315:18	1 [6] - 1320:16, 1393:12, 1424:6,	1424 [2] - 1566:12, 1566:14		
\$213,650 [3] - 1316:21, 1317:7, 1332:2	1451:23, 1474:8, 1474:18	1434 [1] - 1566:16		
\$216,000 [1] - 1323:3	1,096 [1] - 1373:12	1448 [1] - 1566:18		
\$216,037.70 [1] - 1333:3	1,100 [1] - 1373:12	1450 [2] - 1566:20, 1566:22		
\$23,000 [1] - 1326:4	1,250 [1] - 1555:7	1452 [1] - 1566:24 1457 [1] - 1567:2		
\$250 [3] - 1436:25, 1446:13, 1446:22	1,500 [1] - 1444:10	1461 [1] - 1567:4		
\$3,000 [2] - 1446:4, 1481:25 \$30,000 [5] - 1442:17, 1442:19,	1,800 [2] - 1396:23, 1399:8	1485 [1] - 1564:6		
1533:23, 1534:11, 1557:18	10 [13] - 1327:22, 1339:17, 1339:24,	14th [2] - 1436:5, 1527:11		
\$300 [1] - 1309:25	1339:25, 1436:15, 1450:4, 1450:13, 1471:4, 1471:16, 1481:2, 1519:8,	15 [7] - 1417:7, 1454:6, 1471:21,		
\$350 _[2] - 1437:1, 1446:21	1535:11, 1546:18	1507:19, 1511:25, 1512:13, 1545:3		
\$4,808.60 [1] - 1374:3	10,000 [3] - 1441:20, 1442:14, 1443:5	15,000 [8] - 1321:3, 1321:6, 1322:1,		
\$44,750 [2] - 1320:14, 1320:19	10-year [2] - 1546:4, 1546:8	1441:19, 1442:1, 1442:2, 1442:10,		
\$5,000 [2] - 1533:23, 1557:22	10/10 [2] - 1375:24, 1377:2	1532:17		
\$5,889.58 [1] - 1417:6	10/10/13 [1] - 1375:7	1516 [1] - 1567:6		
\$50,287.76 [1] - 1333:2	10/10/2013 [2] - 1375:2, 1376:19	1523 [1] - 1567:8		
\$500 [1] - 1436:24	100 [2] - 1317:12, 1324:2	1528 [1] - 1567:10		
\$52 [1] - 1447:7	10168 [1] - 1300:18	1534 [1] - 1567:12		
\$580.68 [1] - 1422:8	10573 [1] - 1301:13	1549 [1] - 1564:7		
\$59,750 [2] - 1322:5, 1333:1	10th [3] - 1403:9, 1436:10, 1496:5	1559 [1] - 1564:8		
\$62,750 [1] - 1412:16	11 _[2] - 1494:19, 1497:25	15th [2] - 1527:11, 1538:17		
\$700 [1] - 1481:18	11-millimeter [5] - 1497:3, 1497:24,	16 [4] - 1385:25, 1407:3, 1453:11,		
\$71 [1] - 1373:22	1499:2, 1499:8, 1519:1	1528:24 16.3 _[1] - 1549:12		
\$721,268.33 [1] - 1313:22	11.6 [1] - 1549:12	16.3 [1] - 1349.12 1600 [1] - 1301:6		
\$8,528.41 [1] - 1389:18	110 [2] - 1527:21, 1528:16 110th [1] - 1305:3	16th [3] - 1388:15, 1393:19, 1527:12		
•	110th [1] - 1305:3 11201 [1] - 1301:17	17 [6] - 1407:2, 1434:21, 1436:9,		
	11th [3] - 1396:4, 1396:13, 1527:11	1527:21, 1535:22, 1537:8		
'13 [3] - 1391:11, 1398:10, 1399:5	12 [4] - 1471:4, 1471:16, 1503:12,	170-something [1] - 1316:13		
'14 [3] - 1391:12, 1392:25, 1436:6	1505:8	171,000 [2] - 1315:16, 1315:25		
'15 _[1] - 1436:5	122 [1] - 1300:17	17th [5] - 1382:6, 1392:25, 1496:10,		
'17 _[1] - 1397:24	12:30 [1] - 1408:13	1496:11, 1529:9		
	12th [2] - 1434:23, 1527:11	18 [3] - 1305:20, 1396:4, 1413:8		
	13 [3] - 1302:8, 1302:12, 1302:15	18,000 [1] - 1482:5		
	1335 [1] - 1564:5	180,000 [1] - 1482:14		

_Bauta v. Greyhound Lines, et al ____

213,650 [1] - 1330:21

1894 [1] - 1451:5 19 [1] - 1454:5 1990s [1] - 1548:14 1995 [1] - 1336:3 1996 [1] - 1343:14 19th [1] - 1399:2 1:20 [1] - 1414:5 1st [4] - 1445:3, 1445:5, 1445:6, 1445:11

2

2 [6] - 1320:16, 1391:20, 1416:4, 1417:7, 1503:11, 1505:20 **2,500** [3] - 1444:14, 1446:6, 1446:8 2-millimeter [1] - 1505:4 20 [8] - 1302:14, 1312:21, 1481:4, 1481:25, 1482:14, 1507:20, 1556:4, 1559:12 20,000 [6] - 1440:17, 1441:7, 1442:6, 1442:12, 1445:13, 1446:1 **200** [3] - 1327:19, 1357:21, 1531:15 200,000 [1] - 1368:23 **2001** [2] - 1336:6, 1343:14 2009 [2] - 1477:22, 1497:7 **2013** [34] - 1337:19, 1337:20, 1350:14, 1352:17, 1381:4, 1382:6, 1383:8, 1388:15, 1388:25, 1391:13, 1391:24, 1393:18, 1396:3, 1396:4, 1396:10, 1416:12, 1425:18, 1460:13, 1461:16, 1468:13, 1469:21, 1471:2, 1471:15, 1477:2, 1478:2, 1484:9, 1491:19, 1496:25, 1497:8, 1505:9, 1527:21, 1528:24, 1550:3 2014 [18] - 1390:23, 1391:14, 1392:18, 1407:2, 1412:10, 1416:3, 1417:7, 1425:20, 1426:1, 1427:13, 1434:22, 1436:9, 1535:22, 1537:8, 1538:6, 1538:8. 1538:17 **2015** [28] - 1322:12, 1349:22, 1375:4, 1393:19, 1396:4, 1396:13, 1407:3, 1412:10, 1413:8, 1424:1, 1424:6, 1427:14, 1435:19, 1436:9, 1436:15, 1446:18, 1450:9, 1450:10, 1470:20, 1472:4, 1472:19, 1474:8, 1474:18, 1503:14, 1505:10, 1534:25, 1535:11 **2016** [6] - 1311:25, 1345:2, 1383:9, 1416:5, 1417:7, 1510:22 **2017** [24] - 1322:13, 1383:10, 1388:16, 1388:20, 1388:25, 1397:18, 1399:2, 1399:4, 1413:8, 1425:21, 1433:15, 1433:17, 1434:22, 1446:18, 1533:1, 1540:24, 1542:3, 1542:9, 1542:11, 1542:13, 1542:25, 1543:3, 1543:22, 1544:20 2018 [2] - 1300:7, 1563:10 21,000 [1] - 1486:14 2100 [1] - 1300:17 **2106** [1] - 1536:5

213,000 [1] - 1321:13

216 [2] - 1327:14, 1524:4 **22** [3] - 1391:19, 1534:24, 1551:22 **22-millimeter** [1] - 1498:20 225 [1] - 1301:17 22612 [1] - 1439:11 22614 [1] - 1439:11 22842 [1] - 1440:8 22nd [3] - 1390:23, 1391:14, 1392:18 **24** [3] - 1392:17, 1395:8, 1500:2 25 [3] - 1312:21, 1314:24, 1315:1 25,000 [1] - 1532:21 25-page [2] - 1310:15, 1314:22 26 [1] - 1392:19 26th [1] - 1398:10 27 [3] - 1349:22, 1424:1, 1427:14 27th [5] - 1424:5, 1427:14, 1435:2, 1435:19. 1450:9 28 [1] - 1412:10 29th [1] - 1397:18

3 **3** [11] - 1320:16, 1332:4, 1383:10, 1413:7, 1431:14, 1443:25, 1505:18, 1512:13 3,000 [1] - 1444:11 3,600 [1] - 1399:10 3.6 [1] - 1546:8 **30** [5] - 1340:11, 1401:6, 1412:10, 1431:14, 1481:4 30's [1] - 1490:4 30,000 [3] - 1445:25, 1486:14, 1557:21 **300** [1] - 1300:22 **305** [9] - 1310:15, 1310:21, 1314:13, 1314:17, 1314:19, 1314:20, 1317:9, 1318:14, 1318:15 305A [1] - 1310:24 **307** [2] - 1318:17, 1370:18 **308** [11] - 1370:2, 1370:4, 1370:19, 1370:20, 1371:3, 1375:13, 1375:20, 1375:21, 1564:14 308-001 [1] - 1370:9 309 [8] - 1371:14, 1372:1, 1372:2, 1374:7, 1374:17, 1374:19, 1380:4, 1564:12 309-0001 [1] - 1374:6 309-0002 [1] - 1374:6 **309-001** [1] - 1374:5 30th [3] - 1391:13, 1391:24, 1393:18 **31** [1] - 1472:19 **310** [7] - 1374:21, 1375:22, 1376:10, 1376:11, 1380:2, 1380:4, 1564:16 **310-001** [2] - 1375:23, 1376:5 310-0015 [2] - 1375:23, 1376:6 **311** [7] - 1376:14, 1377:10, 1377:17, 1377:20, 1380:2, 1380:4, 1564:18 311-001 [1] - 1377:9

1382:17, 1564:20 314 [5] - 1382:18, 1383:18, 1388:3, 1388:4, 1564:22 314-0028 [1] - 1383:19 **315** [1] - 1388:7 315-0001 [3] - 1389:19, 1389:23, 1564:24 315-0014 [5] - 1388:18, 1389:12, 1389:20, 1389:23, 1564:25 318 [2] - 1390:1, 1393:7 **318-0002** [1] - 1391:16 **318-0026** [2] - 1392:10, 1392:15 318-0027 [1] - 1390:21 **319** [2] - 1393:12, 1393:13 **319-001** [3] - 1394:4, 1394:7, 1565:2 31st [1] - 1397:24 320 [8] - 1394:10, 1395:10, 1395:14, 1395:16, 1395:20, 1460:19, 1460:23, 1565:4 **320-0001** [1] - 1395:13 **320-001** [4] - 1461:4, 1461:6, 1464:2, 1567:4 320-005 [2] - 1461:6, 1567:4 **320-1** [1] - 1395:7 320-3 [2] - 1472:11, 1472:12 320-5 [1] - 1474:24 321 [4] - 1395:23, 1397:1, 1397:5, 1565:6 322 [1] - 1470:21 **324** [6] - 1395:16, 1397:10, 1398:13, 1398:20, 1474:4, 1565:8 324-0001 [4] - 1398:21, 1399:13, 1399:17, 1565:10 324-0006 [1] - 1398:22 324-006 [1] - 1398:8 325 [1] - 1398:24 326_[6] - 1399:20, 1407:16, 1408:3, 1412:2, 1412:4, 1565:12 **326-0001** [2] - 1399:22, 1407:21 326-0154 [2] - 1399:22, 1407:21 326-6 [1] - 1398:4 **327** [4] - 1409:17, 1409:20, 1410:13, 1412:6 **327-0001** [3] - 1412:18, 1412:23, 1565:14 **327-0002** [2] - 1412:23, 1565:14 **327-0003** [2] - 1412:23, 1565:15 328 [1] - 1415:16 329 [7] - 1412:25, 1413:24, 1414:2, 1415:11, 1415:15, 1415:19, 1565:17 329-0012 [3] - 1413:14, 1413:20, 1415:20 33 [1] - 1454:6 **330** [2] - 1415:22, 1416:22 **331** [1] - 1416:15 331-0001 [3] - 1416:23, 1417:13, 1565:19 331-0008 [1] - 1416:23

313 [5] - 1381:20, 1382:3, 1382:13,

312 [3] - 1380:9, 1380:10, 1380:16

_Bauta v. Greyhound Lines, et al ____ 331-0009 [2] - 1417:13, 1565:20 **37** [1] - 1549:5 331-1 [1] - 1417:8 373 [5] - 1315:22, 1451:22, 1451:23, **332** [1] - 1417:15 1452:2, 1566:24 **5** [8] - 1349:22, 1427:15, 1442:19, **373-0001** [1] - 1451:2 **332-0001** [2] - 1418:4, 1565:22 1471:3, 1503:13, 1505:11, 1505:16, **373-1** [2] - 1451:5, 1451:9 **332-0007** [2] - 1418:4, 1565:23 1534:11 3740 [1] - 1300:22 **332-1** [1] - 1418:1 **5,000** [4] - 1316:2, 1441:20, 1442:15, 333 [5] - 1418:6, 1418:8, 1418:19, 376 [8] - 1451:19, 1452:4, 1452:5, 1444:1 1418:23, 1565:25 1452:8, 1453:4, 1456:5, 1457:2, 5/25/15 [1] - 1315:24 1567:2 334 [5] - 1418:24, 1418:25, 1419:9, 5/27 [1] - 1327:18 1419:13, 1566:2 377 [1] - 1432:18 5/27/2015 [1] - 1437:10 38 [1] - 1549:5 335 [5] - 1419:15, 1419:16, 1419:20, 5/31/15 [1] - 1472:10 1419:23, 1566:4 38,000 [1] - 1320:10 50 [5] - 1401:6, 1429:17, 1480:20, 336 [5] - 1419:15, 1419:16, 1419:20, 3:39 [1] - 1518:3 1529:2, 1546:14 1419:23, 1566:4 **59,750** [1] - 1330:19 **337** [5] - 1419:15, 1419:16, 1419:20, 4 **595** [1] - 1373:20 1419:23, 1566:4 5th [2] - 1435:2, 1450:10 **338** [2] - 1419:15, 1420:1 **4** [2] - 1373:19, 1454:18 **339** [3] - 1420:9, 1420:11, 1422:9 4,000 [1] - 1444:1 6 **339-001** [3] - 1422:12, 1422:15, 1566:6 4.500 [1] - 1443:8 34 [1] - 1305:3 40 [4] - 1328:25, 1340:19, 1480:20, 6/5 [1] - 1327:18 342 [1] - 1422:17 1546:19 60 [2] - 1340:19, 1431:15 343 [4] - 1422:20, 1422:23, 1422:25, **40's** [1] - 1490:4 600 [1] - 1534:1 1423:7 **400,000** [1] - 1368:21 6115 [1] - 1474:3 344 [4] - 1423:8, 1423:9, 1423:11, **401** [2] - 1515:22, 1516:2 63042 [1] - 1445:7 1566:8 **402** [7] - 1506:8, 1516:1, 1516:3, 63047 [2] - 1440:25, 1445:15 **345** [1] - 1423:12 1516:6, 1516:7, 1567:6 63048 [2] - 1441:10, 1441:13 **345-001** [3] - 1423:17, 1423:20, **403** [7] - 1310:3, 1432:12, 1516:10, **64112** [1] - 1300:23 1522:21, 1522:25, 1523:1, 1567:8 650 [1] - 1482:1 34th [2] - 1527:21, 1528:16 **403-0110** [1] - 1481:11 680 [1] - 1317:23 350 [1] - 1437:7 403-A [1] - 1432:12 **680,000** [1] - 1313:8 351 [4] - 1423:22, 1424:12, 1424:16, **404** [5] - 1523:2, 1528:13, 1528:14, 1566:12 1538:4, 1567:10 7 **351-002** [1] - 1424:7 **405** [1] - 1320:14 **352** [4] - 1424:18, 1424:21, 1424:23, **413** [2] - 1528:4, 1528:15 7 [6] - 1396:3, 1418:1, 1443:5, 1424:24 **419** [4] - 1409:3, 1409:4, 1409:20, 1443:16, 1461:16, 1497:25 353 [4] - 1424:18, 1424:21, 1424:23, 1409:21 7,200 [1] - 1396:25 1424:24 42386 [1] - 1535:5 **7,500** [4] - 1441:18, 1442:5, 1443:5, **354** [4] - 1433:19, 1434:5, 1434:17, **42403** [3] - 1320:6, 1320:9, 1322:11 1443:16 1566:16 **42464** [3] - 1325:11, 1325:25, 1326:1 70 [1] - 1340:11 **354-0001** [1] - 1433:20 428 [1] - 1533:8 **700** [4] - 1436:25, 1437:5, 1437:7, 354-0092 [1] - 1433:20 **42835** [1] - 1533:6 1449:6 **355** [8] - 1434:18, 1434:20, 1435:5, 42837 [1] - 1535:10 720,000 [1] - 1313:7 1435:14, 1440:21, 1447:25, 1448:7, 42845 [1] - 1535:18 **740** [2] - 1302:8, 1302:12 42nd [2] - 1300:17, 1529:2 741 [1] - 1302:14 355-0002 [1] - 1440:23 43,000 [2] - 1316:1, 1316:12 744 [3] - 1302:8, 1302:12, 1302:15 355-0004 [1] - 1445:25 43,197 [1] - 1415:20 **75** [1] - 1429:17 355-001 [1] - 1435:23 **43,197.92** [1] - 1413:20 7th [1] - 1396:10 357-0006 [1] - 1448:9 **431** [7] - 1319:19, 1320:1, 1320:2, **359** [14] - 1317:6, 1322:18, 1322:19, 1320:3, 1321:15, 1321:16, 1325:17 8 1322:20, 1322:23, 1323:7, 1326:25, 433 [2] - 1324:21, 1325:16 1327:1, 1327:2, 1327:3, 1327:5, **44,000** [1] - 1316:16 **8** [5] - 1300:7, 1320:5, 1512:24, 1327:8, 1328:11, 1329:16 **44,750** [4] - 1316:16, 1320:17, 1321:7, 1512:25, 1543:3 359-0006 [1] - 1323:1 1322:2 8,000 [1] - 1443:16 **36** [3] - 1481:3, 1546:5, 1546:19 44114 [1] - 1301:6 800 [1] - 1301:12 **361** [1] - 1330:16 **45** [1] - 1333:7 835 [1] - 1534:13 **362** [4] - 1449:17, 1449:25, 1450:1, **454** [5] - 1533:6, 1533:9, 1534:18, **845** [1] - 1533:9 1566:20 1534:23. 1567:12 87 [2] - 1348:10, 1348:14 **363** [10] - 1324:7, 1326:24, 1327:12, 4545 [1] - 1330:24 **89** [1] - 1348:14 1327:17, 1450:6, 1450:8, 1450:21, 48 [1] - 1500:3 8th [1] - 1388:20 1450:25, 1451:20, 1566:22

_Bauta v. Greyhound Lines, et al __

9

9 [9] - 1302:8, 1302:12, 1350:14, 1381:4, 1416:23, 1417:9, 1477:2, 1563:4, 1563:10 **90** [3] - 1339:14, 1339:17, 1352:22 **9:00** [2] - 1300:7, 1563:10 **9th** [2] - 1301:5, 1494:18

Α

a.m [3] - 1300:7, 1518:3, 1563:10 ABC's [1] - 1484:23 ability [3] - 1329:23, 1350:2, 1537:14 ablation [4] - 1341:19, 1404:15, 1405:7, 1405:21 ablations [2] - 1404:14, 1405:10 able [19] - 1330:10, 1356:17, 1357:16, 1361:10, 1363:3, 1388:10, 1393:20, 1401:1, 1401:2, 1428:15, 1456:6, 1479:22, 1499:15, 1512:3, 1512:21, 1530:11, 1540:24, 1543:6, 1553:14 abnormal [1] - 1475:18 abnormality [1] - 1514:11 abrasions [2] - 1350:21, 1352:10 absent [2] - 1499:20, 1518:17 absolutely [3] - 1308:6, 1329:20, 1405:22 absorb [1] - 1471:8 Accelerated [12] - 1315:8, 1347:2, 1347:5, 1399:24, 1409:7, 1410:4, 1419:1, 1453:13, 1453:15, 1453:20, 1453:22, 1456:10 accelerated [3] - 1480:7, 1547:1, accept [4] - 1333:4, 1510:16, 1510:18, 1510:20 accepted [1] - 1338:12 access [3] - 1401:12, 1479:14, 1480:11 accident [90] - 1308:9, 1348:17, 1350:14, 1363:5, 1365:7, 1365:9, 1365:12, 1371:12, 1375:7, 1375:25, 1376:3, 1377:2, 1380:21, 1380:22, 1380:23, 1381:5, 1383:15, 1393:9, 1393:11, 1394:21, 1407:24, 1413:17, 1416:12, 1418:15, 1420:25, 1434:2, 1434:4, 1445:19, 1445:21, 1445:22, 1456:22, 1457:8, 1457:12, 1457:23, 1458:3, 1461:17, 1469:10, 1476:10, 1476:15, 1477:2, 1477:8, 1478:1, 1478:9, 1489:4, 1489:7, 1490:1, 1490:15, 1490:16, 1490:24, 1491:22, 1492:22, 1493:6, 1493:8, 1493:9, 1493:15, 1493:18, 1494:4, 1494:5, 1494:15, 1494:16, 1496:12, 1496:16, 1496:22, 1497:4, 1497:8, 1497:14, 1498:4, 1499:20, 1501:7, 1502:4, 1515:3, 1517:8, 1519:2, 1519:6, 1520:3, 1520:8, 1521:17, 1522:3,

1538:6, 1549:5, 1550:6, 1550:10, 1550:12, 1554:16, 1554:22, 1555:2, 1560:3, 1560:23, 1562:5 accidents [1] - 1499:14 according [3] - 1327:18, 1388:18, 1562:21 account [1] - 1320:15 accounting [1] - 1352:1 accumulation [1] - 1310:15 accurate [9] - 1309:1, 1313:5, 1317:11, 1317:12, 1317:14, 1317:16, 1317:20, 1530:13, 1536:6 accurately [1] - 1550:22 ache [5] - 1350:20, 1496:6, 1501:10, 1501:12, 1556:13 actions [1] - 1326:6 active [1] - 1342:12 activity [4] - 1539:24, 1539:25, 1540:13, 1540:14 actual [10] - 1309:18, 1316:23, 1385:8, 1437:17, 1459:10, 1467:23, 1473:1, 1509:5, 1544:12 acute [3] - 1351:4, 1503:20, 1521:9 acutely [1] - 1550:7 add [7] - 1313:2, 1313:15, 1315:21, 1315:23, 1315:24, 1327:14, 1512:13 added [7] - 1317:22, 1320:20, 1323:1, 1389:12, 1438:3, 1438:4, 1483:15 adding [2] - 1313:6, 1447:22 addition [4] - 1345:9, 1522:6, 1524:5, 1527:1 additional [16] - 1322:9, 1322:11, 1436:25, 1439:6, 1439:25, 1440:13, 1440:17, 1441:10, 1441:13, 1441:18, 1441:20, 1442:3, 1443:8, 1444:21, 1448:12, 1476:8 address [3] - 1321:9, 1354:21, 1376:8 addressed [3] - 1394:13, 1394:14, 1397:13 addressing [1] - 1314:11 adhesions [1] - 1442:25 adjacent [18] - 1453:12, 1480:8, 1480:11, 1480:22, 1480:23, 1481:1, 1545:14, 1546:5, 1546:12, 1546:21, 1546:24, 1547:2, 1547:7, 1547:11, 1548:16, 1549:13, 1559:23 Adjacent [1] - 1547:17 adjourned [1] - 1563:10 adjust [1] - 1429:2 adjusted [6] - 1323:11, 1324:18, 1332:21, 1333:3, 1368:5, 1368:6 adjustment [1] - 1333:8 adjustments [3] - 1368:19, 1369:3, 1418:18 administered [1] - 1383:6 admissibility [1] - 1384:16 admission [1] - 1460:16 admit [37] - 1374:5, 1374:6, 1376:5, 1377:17, 1381:7, 1382:13, 1383:20, 1389:19, 1394:3, 1395:7, 1397:2,

1398:13, 1399:13, 1408:3, 1409:19, 1409:23, 1410:8, 1412:17, 1417:8, 1417:25, 1421:6, 1422:9, 1423:5, 1423:17, 1424:12, 1424:18, 1432:11, 1434:7, 1449:14, 1449:19, 1451:9, 1453:5, 1460:6, 1460:25, 1461:1, 1515:25, 1534:14 admits [1] - 1306:16 admitted [7] - 1381:7, 1381:13, 1381:14, 1409:20, 1410:13, 1414:1, 1434:5 admonitions [1] - 1563:3 advances [1] - 1357:18 advise [1] - 1337:3 affect [1] - 1552:19 affected [1] - 1357:4 affects [2] - 1358:7, 1369:20 affiliated [2] - 1342:8, 1343:8 affiliation [1] - 1342:11 affirm [1] - 1536:4 afternoon [5] - 1415:1, 1458:11, 1486:2, 1486:3, 1486:4 afterwards [1] - 1381:19 age [6] - 1470:14, 1480:20, 1490:3, 1490:5, 1549:5, 1554:2 age-related [1] - 1490:3 ago [3] - 1344:24, 1357:21, 1418:11 agree [43] - 1311:20, 1378:11, 1384:21, 1384:23, 1385:17, 1386:17, 1386:18, 1386:23, 1447:4, 1449:4, 1460:16, 1478:18, 1479:1, 1489:24, 1490:15, 1494:9, 1494:10, 1495:18, 1498:13, 1499:1, 1502:14, 1504:8, 1504:15, 1505:1, 1516:12, 1516:16, 1520:2, 1520:11, 1521:3, 1522:7, 1523:12, 1526:10, 1529:24, 1530:17, 1537:25, 1540:23, 1545:18, 1546:23, 1547:7, 1547:9, 1548:19, 1549:11 agreeable [1] - 1386:18 agreed [13] - 1374:12, 1385:11, 1385:16, 1385:18, 1385:24, 1419:19, 1420:3, 1420:5, 1424:22, 1449:24, 1526:13, 1555:12 agreement [9] - 1303:23, 1304:1, 1418:16, 1419:8, 1419:11, 1424:17, 1434:7, 1460:6, 1461:1 agreements [1] - 1450:20 agrees [2] - 1433:4, 1465:4 ahead [5] - 1351:2, 1376:13, 1448:23, 1469:4, 1537:12 Aided [1] - 1301:19 Air [1] - 1498:20 **air** [4] - 1403:3, 1403:4, 1430:13, 1466:11 airway [5] - 1406:11, 1406:17, 1406:20, 1484:23, 1513:17 airways [2] - 1406:12, 1406:23 AKOS [1] - 1300:8 Akos [2] - 1301:4, 1301:11 alarmed [1] - 1352:9

.5

```
alert [3] - 1511:7, 1512:3, 1512:21
alignment [2] - 1444:8, 1474:12
ALL [1] - 1491:14
Alladin [11] - 1315:6, 1315:7, 1315:10,
1346:4, 1347:1, 1400:2, 1413:5,
1413:7, 1413:16, 1413:18, 1418:12
Alladin's [2] - 1413:23, 1453:21
allergies [1] - 1507:17
allograft [3] - 1443:19, 1443:20,
1443:24
allografting [1] - 1443:25
allow [7] - 1310:5, 1310:8, 1355:12,
1454:20, 1483:9, 1484:17, 1547:5
allows [8] - 1353:6, 1357:15, 1357:24,
1405:6, 1430:3, 1430:16, 1431:1,
1431:4
almost [5] - 1397:23, 1449:5, 1449:10,
1450:4, 1546:18
alone [1] - 1332:25
Alpha [4] - 1336:3, 1336:4, 1343:18,
1343:19
alter[1] - 1544:25
ambulance [1] - 1350:16
ambulation [1] - 1483:12
ambulatory [7] - 1340:24, 1341:3,
1341:4, 1346:18, 1346:22, 1349:10,
1405:11
American [3] - 1315:14, 1347:17,
1423:24
amount [34] - 1313:11, 1323:2, 1323:3,
1323:6, 1330:25, 1332:2, 1332:3,
1332:16, 1333:9, 1394:1, 1415:20,
1417:5, 1422:3, 1422:7, 1424:8,
1436:12, 1436:18, 1436:22, 1437:14,
1437:25, 1438:1, 1440:18, 1441:5,
1441:7, 1441:14, 1442:13, 1445:11,
1445:13, 1486:20, 1486:21, 1498:23,
1521:1, 1534:5
amounting [1] - 1320:10
amounts [5] - 1413:12, 1418:13,
1422:10, 1436:24, 1440:15
analyzed [1] - 1547:12
anatomic [3] - 1429:22, 1429:25,
1482:9
anatomy [5] - 1353:25, 1363:14,
1363:19, 1363:20, 1431:10
AND [2] - 1300:8, 1300:13
Anderson [2] - 1301:4, 1301:11
ANDERSON [1] - 1300:8
Andrew [1] - 1397:14
anesthesia [16] - 1323:20, 1347:17,
1402:15, 1402:16, 1402:17, 1405:18,
1405:20, 1405:22, 1405:24, 1406:6,
1423:25, 1424:9, 1452:6, 1453:25,
1454:2, 1456:9
Anesthesia [2] - 1315:14, 1423:24
anesthesiologist [4] - 1341:15,
1406:17, 1409:5, 1482:6
anesthesiologists [1] - 1406:9
aneurysms [1] - 1344:6
```

```
Angel [1] - 1343:22
Angeles [2] - 1342:13, 1531:6
angle [2] - 1429:2, 1505:12
angles [1] - 1430:4
animation [2] - 1432:15, 1432:21
ankle [2] - 1358:17, 1391:3
annually [1] - 1481:25
annulus [4] - 1519:7, 1553:20, 1557:9
answer [15] - 1362:19, 1406:1, 1433:3,
1433:8, 1456:15, 1465:19, 1484:17,
1509:3, 1509:24, 1510:1, 1510:23,
1517:13, 1520:10, 1540:18, 1559:20
answered [1] - 1539:12
answers [1] - 1524:11
anterior [6] - 1362:23, 1427:6,
1491:12, 1491:15, 1520:17, 1522:1
anti [3] - 1481:22, 1500:4, 1557:14
anti-inflammatories [3] - 1481:22,
1500:4, 1557:14
anticipate [1] - 1485:2
antiinflammatory [1] - 1481:24
aorta [1] - 1430:20
AP [1] - 1430:18
apologies [2] - 1313:23, 1448:10
apologize [7] - 1308:18, 1319:21,
1325:14, 1428:3, 1440:22, 1441:22,
1542:25
appear [2] - 1304:6, 1436:16
appearance [1] - 1469:16
appeared [2] - 1348:4, 1554:15
appellate [1] - 1369:9
applies [1] - 1435:9
apply [3] - 1364:4, 1559:15, 1559:16
applying [1] - 1443:23
appreciate [2] - 1372:6, 1545:10
approach [8] - 1376:20, 1377:21,
1383:22, 1401:12, 1408:14, 1419:14,
1452:7, 1452:11
approaches [1] - 1337:2
appropriately [1] - 1432:22
April [10] - 1322:13, 1416:3, 1417:7,
1434:22, 1472:10, 1538:17, 1540:23,
1542:3, 1543:4, 1543:22
area [28] - 1353:10, 1353:12, 1358:21,
1361:14, 1391:3, 1401:11, 1403:7,
1462:1, 1462:17, 1462:22, 1464:16,
1464:19, 1464:20, 1464:21, 1464:22,
1466:8, 1466:11, 1466:12, 1469:12,
1472:21, 1483:23, 1492:25, 1493:2,
1520:13, 1521:5, 1559:25
areas [13] - 1306:24, 1356:23, 1359:2,
1361:18, 1362:1, 1362:20, 1465:5,
1465:11, 1466:14, 1472:6, 1475:8,
1520:16, 1520:19
argue [3] - 1303:6, 1308:10, 1309:14
arguing [2] - 1305:1, 1308:25
argument [2] - 1303:1, 1305:12
argumentative [7] - 1509:14, 1529:19,
1539:11, 1555:13, 1560:7, 1560:16,
1561:4
```

```
arguments [3] - 1334:1, 1384:17,
1410:9
arm [4] - 1361:7, 1361:10, 1364:5,
1476:1
arms [2] - 1513:6, 1523:23
arrangements [1] - 1303:20
arrest [1] - 1406:21
arriving [1] - 1372:24
arrow [4] - 1462:4, 1462:5, 1463:13
arrows [2] - 1463:12, 1472:1
arthrodesis [11] - 1437:15, 1437:24,
1439:7, 1439:13, 1440:13, 1440:16,
1441:18, 1441:23, 1444:19, 1547:14
arthroplasty [1] - 1547:4
article [3] - 1547:16, 1547:18, 1548:2
articles [4] - 1545:18, 1546:13,
1546:14, 1547:10
articular [1] - 1466:4
ascribe [1] - 1401:6
ASD [4] - 1558:6, 1558:8, 1559:5,
aspect [2] - 1358:8, 1520:18
aspects [1] - 1463:15
assessment [3] - 1523:10, 1524:9,
1526:1
assistant [1] - 1536:25
assistive [1] - 1483:12
associated [3] - 1436:18, 1456:18,
1551:23
associates [1] - 1526:11
assume [9] - 1320:16, 1368:16,
1434:25, 1454:14, 1525:4, 1536:20,
1551:3, 1554:14, 1554:24
assuming [2] - 1438:2, 1515:8
assumption [5] - 1536:22, 1537:25,
1551:2, 1551:11, 1551:15
assumptions [1] - 1551:2
asymptomatic [1] - 1497:12
attention [2] - 1469:12, 1472:2
attorney [3] - 1308:8, 1528:2, 1529:11
Attorney [1] - 1529:2
attorneys [2] - 1300:21, 1340:5
Attorneys [3] - 1300:16, 1301:3,
1301:10
attribute [1] - 1550:10
August [1] - 1417:7
authenticated [1] - 1510:19
authenticity [5] - 1384:18, 1385:10,
1385:14, 1385:16, 1385:25
authorization [1] - 1453:8
autograft [4] - 1443:10, 1443:12,
1443:15, 1443:18
Avenue [2] - 1300:22, 1301:12
average [1] - 1340:21
averse [1] - 1405:22
avoid [3] - 1311:3, 1312:14, 1480:10
awake [1] - 1512:3
award [5] - 1343:19, 1343:23, 1368:25,
1369:2, 1369:4
```

_Bauta v. Greyhound Lines, et al __

1554:1

awards [3] - 1343:15, 1343:22, 1368:15 aware [11] - 1305:1, 1305:19, 1321:2, 1417:2, 1529:11, 1539:19, 1541:3, 1543:6, 1543:21, 1547:12, 1562:20 axial [7] - 1362:2, 1428:23, 1463:23, 1464:7, 1471:23, 1475:6, 1505:15

В baby [1] - 1402:14 backed [1] - 1389:8 background [6] - 1312:24, 1335:23, 1341:13, 1342:18, 1530:20, 1549:3 backhand [1] - 1401:2 backing [1] - 1365:1 backup [4] - 1316:24, 1317:6, 1318:5, 1451:5 backwards [2] - 1467:3, 1467:15 bad [1] - 1516:3 balance [9] - 1328:9, 1328:11, 1330:19, 1332:16, 1332:21, 1333:1, 1334:14, 1389:11, 1412:14 ball [1] - 1430:13 band [1] - 1463:3 BARMEN [23] - 1301:7, 1302:10, 1303:6, 1303:21, 1304:24, 1305:15, 1305:24, 1306:1, 1306:7, 1308:1, 1310:6, 1316:14, 1318:24, 1319:14, 1323:18, 1323:21, 1324:1, 1327:23, 1328:21, 1329:11, 1369:13, 1369:15, 1506:8 Barmen [5] - 1312:1, 1312:10, 1312:11, 1329:14, 1448:16 Barnard [3] - 1315:8, 1453:15, 1453:23 Barnert [4] - 1347:2, 1347:5, 1419:2, 1424:18 based [20] - 1304:13, 1317:5, 1317:21, 1341:8, 1343:10, 1356:15, 1361:19, 1371:22, 1375:5, 1375:6, 1417:1, 1448:4, 1450:11, 1469:8, 1469:9, 1476:8, 1495:15, 1495:16, 1509:12, 1558:17 basis [7] - 1311:11, 1352:4, 1355:14, 1382:14, 1384:6, 1471:18, 1502:25 basketball [1] - 1430:14 Bates [9] - 1320:6, 1320:9, 1506:9, 1506:15, 1511:13, 1517:25, 1528:4, 1533:5, 1538:4 BAUTA [1] - 1300:3 Bauta [153] - 1300:16, 1300:21, 1306:5, 1308:7, 1324:19, 1326:10, 1340:1, 1340:13, 1348:20, 1349:20, 1350:7, 1350:15, 1350:24, 1351:5, 1351:22, 1352:1, 1352:11, 1355:20, 1356:16, 1358:23, 1361:20, 1361:21,

1362:20, 1364:12, 1365:7, 1371:10,

1380:20, 1383:1, 1383:6, 1388:21,

1390:9, 1390:13, 1390:19, 1391:9,

1391:12, 1392:20, 1393:7, 1394:21, 1395:1, 1399:24, 1400:1, 1400:9, 1405:25, 1406:3, 1406:5, 1407:22, 1416:1, 1416:11, 1416:18, 1417:18, 1418:14, 1420:24, 1421:9, 1424:3, 1425:3, 1425:6, 1425:18, 1425:22, 1426:1, 1426:3, 1426:8, 1426:17, 1426:18, 1426:23, 1426:24, 1427:12, 1431:23, 1432:8, 1433:10, 1433:22, 1434:1, 1435:1, 1435:16, 1450:4, 1451:12, 1456:22, 1457:7, 1457:11, 1457:19, 1457:20, 1458:15, 1459:5, 1459:8, 1460:13, 1461:15, 1462:1, 1469:10, 1472:7, 1474:18, 1475:21, 1476:14, 1477:17, 1477:25, 1478:6, 1478:12, 1479:4, 1479:6, 1479:12, 1481:13, 1482:19, 1483:8, 1483:19, 1486:20, 1486:25, 1487:10, 1489:24, 1490:14, 1490:23, 1492:12, 1493:11, 1494:17, 1495:6, 1501:7, 1501:20, 1506:18, 1507:3, 1507:7, 1508:14, 1510:24, 1517:4, 1517:19, 1522:19, 1527:23, 1528:1, 1529:8, 1531:1, 1531:23, 1531:24, 1532:4, 1532:6, 1535:22, 1537:7, 1538:6, 1538:18, 1538:21, 1538:24, 1540:24, 1542:5, 1542:14, 1543:21, 1544:3, 1544:8, 1544:19, 1549:1, 1549:25, 1550:22, 1552:14, 1552:24, 1554:15, 1558:8, 1561:16 bauta's [2] - 1351:17, 1352:5 Bauta's [25] - 1315:15, 1335:21, 1345:7, 1349:24, 1362:21, 1397:22, 1416:7, 1456:10, 1459:1, 1472:18, 1476:10, 1476:25, 1477:7, 1477:11, 1484:8, 1494:3, 1496:21, 1510:14, 1530:19, 1537:17, 1550:25, 1554:14, 1560:1, 1560:24, 1562:6 Bay [1] - 1341:7 bears [1] - 1317:18 beat [2] - 1309:16, 1310:2 became [2] - 1343:21, 1520:8 become [4] - 1362:6, 1490:9, 1504:13 becomes [4] - 1362:10, 1445:25, 1513:2 becoming [1] - 1327:1 bed [2] - 1437:20, 1443:24 bedside [1] - 1553:6 **BEFORE** [1] - 1300:12 beforehand [1] - 1428:6 began [1] - 1426:1 begin [1] - 1370:1 beginning [6] - 1316:6, 1322:11, 1333:11, 1360:5, 1360:6, 1378:5 begins [1] - 1445:3 behalf [2] - 1340:8, 1435:12 behind [2] - 1355:13, 1463:1 belief [2] - 1305:9, 1305:13 bell [1] - 1413:22 belly [4] - 1402:14, 1492:4, 1492:7,

below [3] - 1354:23, 1479:25, 1548:17 belt [1] - 1492:8 bend [1] - 1543:6 bending [1] - 1362:4 benefit [1] - 1400:8 bent [2] - 1429:2, 1431:5 best [14] - 1313:15, 1336:10, 1350:2, 1350:4, 1356:21, 1359:14, 1360:6, 1360:7, 1401:11, 1404:17, 1430:24, 1459:14, 1536:6, 1559:20 better [11] - 1318:10, 1364:20, 1370:3, 1401:3, 1403:19, 1404:9, 1470:11, 1479:9, 1482:23, 1560:5 between [19] - 1315:11, 1328:3, 1328:14, 1328:23, 1340:19, 1342:17, 1349:11, 1354:22, 1354:24, 1359:7, 1359:10, 1363:23, 1435:6, 1443:5, 1462:12, 1462:22, 1492:9, 1494:2, 1553:25 Beverly [3] - 1318:13, 1337:20, 1339:6 beyond [6] - 1348:17, 1352:9, 1352:10, 1364:1, 1561:21, 1562:2 big [3] - 1318:12, 1357:13, 1409:21 bigger [1] - 1312:4 bilateral [3] - 1361:23, 1363:8, 1363:9 bill [87] - 1305:10, 1306:1, 1308:2, 1308:5, 1311:21, 1312:23, 1315:7, 1315:16, 1315:17, 1315:19, 1315:22, 1320:21, 1321:10, 1321:11, 1322:5, 1323:15, 1323:18, 1323:19, 1324:1, 1324:24, 1325:1, 1325:6, 1325:20, 1326:2, 1326:4, 1326:18, 1326:21, 1327:19, 1328:24, 1329:3, 1329:17, 1330:3, 1330:6, 1333:1, 1334:8, 1334:14, 1368:4, 1371:16, 1371:20, 1371:22, 1371:24, 1372:9, 1373:19, 1374:2, 1374:3, 1377:1, 1382:7, 1393:17, 1396:2, 1396:24, 1396:25, 1399:9, 1412:12, 1412:16, 1413:19, 1417:2, 1417:6, 1418:8, 1418:10, 1418:13, 1420:10, 1420:12, 1420:21, 1421:3, 1421:8, 1421:12, 1421:17, 1421:20, 1421:21, 1423:12, 1423:14, 1424:10, 1435:10, 1435:11, 1435:12, 1441:18, 1442:3, 1442:17, 1448:10, 1448:12, 1450:8, 1450:18, 1486:11 billed [36] - 1315:14, 1320:11, 1323:2, 1323:3, 1323:6, 1324:18, 1324:19, 1324:20, 1324:22, 1329:21, 1330:25, 1332:3, 1332:16, 1332:20, 1333:2, 1333:16, 1333:18, 1333:23, 1368:3, 1417:5, 1418:11, 1436:12, 1438:1, 1440:15, 1440:18, 1441:5, 1441:7, 1442:12, 1445:5, 1445:11, 1486:21, 1533:2, 1557:21, 1557:22 biller [1] - 1305:7 billing [35] - 1309:1, 1313:11, 1315:9, 1315:15, 1317:21, 1319:2, 1321:3, 1321:6, 1323:12, 1323:13, 1323:14,

_Bauta v. Greyhound Lines, et al ___

1404:7, 1471:9, 1496:6, 1501:10,

1329:2, 1329:8, 1329:9, 1329:16, 1330:9, 1331:1, 1348:24, 1349:3, 1399:2, 1410:2, 1412:9, 1416:24, 1417:1, 1423:25, 1435:7, 1439:13, 1439:19, 1439:24, 1440:9, 1440:17, 1444:18, 1557:23 bills [93] - 1305:1, 1305:14, 1305:15, 1305:18, 1306:9, 1307:1, 1307:10, 1307:18, 1309:4, 1309:14, 1310:16, 1311:1, 1311:5, 1311:17, 1311:25, 1312:3, 1312:6, 1312:13, 1312:21, 1313:12, 1313:13, 1313:14, 1313:17, 1313:22, 1314:22, 1315:1, 1315:4, 1315:5, 1315:12, 1316:8, 1316:11, 1316:20, 1317:10, 1318:4, 1318:12, 1319:15, 1321:19, 1321:23, 1321:24, 1322:23, 1324:17, 1325:22, 1326:12, 1327:1, 1327:3, 1328:4, 1328:18, 1328:25, 1329:6, 1329:13, 1330:1, 1330:18, 1332:25, 1345:21, 1349:7, 1349:10, 1349:15, 1367:2, 1367:5, 1368:18, 1369:18, 1372:14, 1372:15, 1373:7, 1373:10, 1384:21, 1389:12, 1393:20, 1410:6, 1413:3, 1413:9, 1413:12, 1413:17, 1413:22, 1416:17, 1418:12, 1420:15, 1421:14, 1434:20, 1441:16, 1453:13, 1456:9, 1458:4, 1458:6, 1483:15, 1486:7, 1486:9, 1486:16, 1538:1, 1555:6 bind [1] - 1369:22 binder [1] - 1325:16 binders [1] - 1370:25 biological [1] - 1403:23 biomaterial [1] - 1443:22 bird's [1] - 1464:8 BISGAARD [1] - 1301:3 bit [14] - 1306:15, 1316:2, 1319:24, 1359:7, 1359:21, 1359:25, 1362:18, 1374:20, 1454:6, 1458:13, 1464:18, 1502:9, 1503:8, 1545:9 blank [1] - 1527:16 bleed [1] - 1521:14 bleeding [1] - 1437:20 block [14] - 1400:9, 1400:11, 1400:12, 1400:15, 1400:18, 1401:1, 1401:5, 1402:2, 1402:10, 1402:11, 1402:13, 1404:17, 1404:21, 1405:9 blocks [10] - 1341:18, 1400:6, 1400:24, 1402:10, 1406:3, 1406:4, 1417:20, 1427:1, 1482:3, 1482:5 **blood** [3] - 1407:13, 1430:20, 1507:19 blow [9] - 1461:21, 1462:19, 1464:6, 1464:16, 1465:22, 1468:17, 1470:4, 1470:24, 1471:23 blowup [1] - 1468:12 blurred [3] - 1508:14, 1509:8, 1523:12 BMP [1] - 1427:19 board [7] - 1325:8, 1393:2, 1393:4, 1459:3, 1502:16, 1502:18, 1502:19 body [11] - 1350:20, 1356:23, 1363:4,

1501:12, 1514:7, 1556:9, 1556:13 bolding [1] - 1378:6 bolt [1] - 1431:19 bone [15] - 1326:5, 1326:6, 1427:20, 1431:1, 1431:3, 1437:17, 1437:19, 1437:22, 1437:23, 1441:2, 1443:12, 1443:21, 1443:24, 1472:20, 1504:14 bones [1] - 1489:20 bony [1] - 1473:5 book [9] - 1370:24, 1374:21, 1386:25, 1409:18, 1422:20, 1448:15, 1448:17, 1449:18, 1452:10 borrowed [1] - 1428:13 bottom [16] - 1303:25, 1323:2, 1324:8, 1358:13, 1393:25, 1445:2, 1463:25, 1465:24, 1472:23, 1475:8, 1505:16, 1507:13, 1511:4, 1518:12, 1518:13, 1526:3 bout [1] - 1477:17 brace [2] - 1426:14, 1426:15 bracing [1] - 1427:2 BRADLEY [1] - 1301:7 Braggard's [1] - 1353:19 brain [14] - 1310:20, 1336:24, 1337:1, 1344:5, 1361:4, 1361:5, 1361:7, 1361:8, 1485:4, 1513:1, 1521:9, 1521:16 Braxton [2] - 1346:15, 1347:2 breach [1] - 1430:12 break [11] - 1367:21, 1369:10, 1369:12, 1397:7, 1410:25, 1414:5, 1468:4, 1468:14, 1471:9, 1502:10, 1545:4 breakage [1] - 1479:16 breakdown [3] - 1450:11, 1480:6, 1532:24 breaks [1] - 1315:4 breathing [1] - 1484:23 brevity [1] - 1449:8 bridge [1] - 1429:17 bridges [2] - 1429:13, 1429:15 brief [5] - 1465:3, 1507:24, 1553:20, 1555:17, 1557:5 briefing [1] - 1333:6 briefly [11] - 1383:22, 1397:19, 1400:6, 1452:11, 1465:2, 1466:19, 1474:3, 1532:14, 1552:22, 1553:24, 1555:17 bright [6] - 1462:2, 1462:8, 1462:9, 1462:10, 1463:8, 1504:1 bring [13] - 1337:9, 1353:5, 1353:24, 1354:2, 1354:8, 1355:11, 1357:14, 1357:20, 1384:4, 1384:8, 1427:24, 1431:12, 1472:2 bringing [3] - 1384:18, 1386:11, 1427:7 brings [3] - 1362:23, 1362:24, 1561:6 BRISBOIS [1] - 1301:3 brittle [3] - 1490:9, 1496:19, 1554:2 broad [1] - 1540:4

broke [1] - 1369:13 broken [10] - 1314:13, 1314:22, 1315:11, 1315:12, 1316:4, 1368:10, 1369:11, 1373:16, 1555:20, 1561:8 broken-up [1] - 1316:4 Brook [1] - 1301:13 Brookdale [22] - 1346:14, 1346:20, 1348:7, 1348:11, 1350:19, 1365:4, 1374:24, 1484:7, 1494:19, 1495:3, 1522:19, 1523:2, 1523:4, 1524:7, 1526:11, 1528:10, 1538:4, 1538:5, 1538:19, 1538:20, 1553:18, 1556:12 Brooklyn [2] - 1300:5, 1365:4 brother [1] - 1554:23 brother-in-law [1] - 1554:23 brought [1] - 1426:17 bruise [1] - 1538:14 bruising [1] - 1514:11 brush [1] - 1508:11 bulge [5] - 1476:3, 1492:3, 1492:5, 1492:8, 1497:11 bulges [8] - 1391:5, 1475:4, 1475:5, 1491:21, 1491:22, 1491:24, 1492:19, 1492:24 bulging [1] - 1391:7 bunch [1] - 1545:6 bundle [1] - 1364:2 burden [4] - 1307:4, 1307:6, 1307:7, 1317:18 **burn** [1] - 1508:11 burning [1] - 1557:13 burns [1] - 1405:2 bus [16] - 1302:24, 1303:4, 1416:12, 1434:2, 1434:4, 1445:22, 1456:22, 1457:8, 1457:11, 1457:23, 1476:9, 1476:15, 1477:2, 1494:4, 1495:13, 1502:4 busier [1] - 1340:22 busy [1] - 1340:22 buttock [1] - 1353:12 buttons [1] - 1506:1 buzz [1] - 1562:1 BY [61] - 1300:18, 1300:23, 1301:7, 1301:13, 1335:16, 1356:2, 1369:25, 1382:2, 1388:6, 1389:25, 1391:22, 1394:9, 1395:22, 1397:9, 1398:23, 1399:19, 1402:1, 1412:5, 1415:10, 1420:8, 1428:8, 1439:2, 1448:8, 1449:11, 1450:2, 1451:1, 1451:17, 1452:3, 1456:4, 1457:3, 1460:1, 1460:11, 1468:11, 1474:2, 1486:1, 1496:2, 1502:12, 1504:24, 1506:17, 1507:15, 1509:16, 1510:9, 1511:24, 1512:15, 1516:9, 1517:17, 1518:2, 1520:1, 1542:2, 1549:21, 1557:2, 1558:1, 1558:5, 1559:2, 1560:9, 1561:24, 1562:17, 1564:5, 1564:6, 1564:7, 1564:8

_Bauta v. Greyhound Lines, et al ___

1417:17, 1419:5, 1425:4, 1425:19,

1425:21, 1433:22, 1433:25, 1434:3,

1447:19, 1448:13, 1457:7, 1457:18,

1457:20, 1458:22, 1459:8, 1469:9,

1478:12, 1478:13, 1478:15, 1478:16,

1479:4, 1481:17, 1483:20, 1485:12,

1488:20, 1542:18, 1550:11, 1550:25,

career [1] - 1372:15

caretaking [1] - 1543:9

carryover [1] - 1511:21

cartilage [1] - 1504:13

1503:16, 1562:21

CARTMELL [1] - 1300:20

Casden's [1] - 1562:24

Casden [4] - 1465:3, 1493:24,

case [43] - 1306:6, 1306:17, 1316:6,

1319:6, 1340:2, 1340:10, 1340:11,

1340:13, 1344:20, 1345:1, 1346:23,

1347:23, 1356:16, 1372:16, 1375:9,

1395:18, 1400:10, 1439:8, 1445:14,

1457:6, 1467:21, 1481:10, 1486:5,

1487:8, 1487:16, 1487:20, 1489:24,

1504:15, 1511:16, 1525:3, 1531:17,

1539:20, 1540:1, 1544:25, 1548:23,

1552:4, 1552:19, 1555:3, 1561:14

1340:21, 1341:1, 1343:4, 1373:1

cast [1] - 1530:13

cases [7] - 1332:18, 1340:7, 1340:9,

CAT [10] - 1345:10, 1371:18, 1373:3,

1373:7, 1373:11, 1395:4, 1395:5,

1431:11, 1472:17, 1544:12

category [2] - 1368:9, 1512:13

causation [2] - 1345:12, 1458:23

caused [13] - 1476:10, 1476:16,

1491:22, 1492:22, 1493:6, 1493:15,

1494:4, 1495:12, 1521:17, 1538:23,

causes [6] - 1405:8, 1480:6, 1499:2,

categories [1] - 1367:12

caudad [1] - 1547:13

causally [1] - 1477:1

CAUSE [1] - 1300:12

1539:9, 1548:23, 1550:7

1500:1, 1500:2, 1554:4

1401:11, 1557:12

caution [1] - 1434:6

causing [4] - 1400:14, 1401:9,

CAV [3] - 1300:9, 1301:4, 1301:11

caveat [6] - 1387:8, 1422:13, 1424:14,

1548:25, 1550:18, 1551:13, 1551:18,

carried [1] - 1392:22

carefully [2] - 1375:5, 1409:4

C

C-700 [1] - 1301:12 C-spine [1] - 1555:22

C1 [1] - 1354:18

C2/3 [1] - 1391:6

C3-4[1] - 1475:7

C3/4 [1] - 1391:6

C4/5 [1] - 1391:5

C5-6 [2] - 1475:4, 1475:11

C5/6 [1] - 1391:5

C6-7 [6] - 1475:4, 1475:21, 1491:13,

1491:14, 1493:4, 1493:14

C6/7 [1] - 1391:5

C7 [1] - 1354:18

cable [1] - 1353:14

cadaveric [1] - 1443:21

Cadman [1] - 1301:17

calcification [2] - 1521:16, 1522:4

calcifications [2] - 1504:12, 1521:4 calcified [5] - 1469:16, 1491:12,

1491:17, 1504:13, 1504:25

calf [6] - 1358:7, 1358:8, 1525:10,

1525:12, 1526:19

caliber[1] - 1404:24

California [4] - 1312:2, 1336:2,

1337:24, 1344:13

Cameron [1] - 1318:18

canal [23] - 1359:8, 1359:11, 1359:15,

1359:23, 1360:1, 1360:16, 1361:3,

1429:19, 1430:22, 1442:24, 1442:25,

1462:23, 1464:10, 1464:13, 1464:22,

1464:25, 1467:1, 1467:14, 1471:10,

1472:3, 1492:15

candidate [3] - 1426:13, 1426:23,

1427:11

candidates [1] - 1546:6

cane [11] - 1482:19, 1482:21, 1483:8,

1483:9, 1540:9, 1540:10, 1543:22,

1543:24, 1544:9, 1544:20

cannot [2] - 1385:7, 1540:13

Capiola [7] - 1390:6, 1390:11,

1390:16, 1392:1, 1392:5, 1393:6,

Capiola's [2] - 1347:11, 1347:20

capsule [1] - 1544:14

capsules [1] - 1545:25

car [2] - 1489:7, 1499:14

carbon [1] - 1406:20

cardiac [1] - 1406:21

care [77] - 1306:15, 1306:19, 1306:22,

1306:24, 1308:1, 1309:6, 1310:21,

1325:8, 1335:21, 1339:15, 1345:12,

1349:15, 1349:25, 1350:7, 1350:9,

1351:21, 1355:17, 1364:11, 1364:16, 1364:23, 1365:4, 1367:5, 1367:6,

1367:8, 1367:12, 1368:10, 1371:10,

1371:22, 1372:21, 1375:8, 1378:19,

1383:12, 1387:13, 1393:7, 1393:8,

CD [2] - 1312:9, 1312:13 CD-ROM [1] - 1312:9

1434:13, 1449:20, 1450:22

CBTs [1] - 1439:19

CBT [1] - 1440:2

1393:10, 1400:1, 1406:25, 1407:6, Cedar [1] - 1373:6 1407:7, 1407:8, 1407:9, 1407:22, Cedars [1] - 1342:13 1416:2, 1416:21, 1417:2, 1417:6, Celebrex [1] - 1481:23

Center [17] - 1315:8, 1333:15, 1341:7,

1342:13, 1342:14, 1347:2, 1347:3, 1347:5, 1350:19, 1374:24, 1390:5,

1399:24, 1410:5, 1424:18, 1456:11,

1528:15

center [17] - 1341:3, 1341:4, 1346:18, 1396:24, 1402:9, 1405:11, 1409:19, 1410:6, 1462:10, 1463:14, 1471:24,

1472:6, 1476:3, 1492:14, 1513:20,

1557:10

Center's [1] - 1419:2

centers [4] - 1340:24, 1346:23,

1405:13, 1485:12

centimeters [1] - 1431:14

central [11] - 1359:8, 1359:11,

1359:16, 1359:23, 1360:2, 1360:16,

1361:15, 1361:22, 1464:23, 1464:24,

1475:22

cents [1] - 1333:2

cephalad [1] - 1547:13

cerebral [1] - 1336:8

certain [7] - 1357:1, 1434:6, 1484:20,

1490:5, 1531:24, 1540:13, 1543:24 certainly [12] - 1305:1, 1305:12,

1308:10, 1321:13, 1325:3, 1333:10,

1345:23, 1492:25, 1493:1, 1507:5,

1537:20, 1560:4

certainty [10] - 1477:5, 1480:22,

1481:5. 1483:21. 1485:17. 1493:14.

1495:5, 1495:11, 1497:2, 1497:5

certificates [1] - 1343:15

certifications [1] - 1405:16

certified [7] - 1381:10, 1382:21,

1393:2, 1393:4, 1502:16, 1502:18,

1502:19

cervical [18] - 1354:17, 1364:3,

1395:2, 1395:4, 1422:5, 1460:12,

1474:24, 1476:21, 1476:25, 1482:9, 1490:20, 1491:5, 1491:23, 1521:7,

1521:22, 1522:5, 1535:7, 1549:24

cetera [2] - 1325:7

chair [1] - 1352:23

chance [8] - 1313:25, 1410:14, 1418:6, 1449:2, 1488:21, 1491:5, 1546:15,

1559:22

change [8] - 1314:10, 1324:21, 1333:3, 1504:14, 1544:23, 1548:5,

1551:18, 1552:1

changed [3] - 1511:18, 1550:14,

1558:7

changes [5] - 1468:1, 1490:3,

1494:10, 1505:17, 1521:25

channel [3] - 1359:24, 1360:11

channels [1] - 1473:5

charge [35] - 1315:24, 1320:22, 1326:8, 1327:12, 1328:6, 1331:1,

1377:6, 1382:5, 1387:18, 1435:7,

_9

1435:8, 1435:9, 1439:4, 1439:6, 1439:16, 1443:4, 1443:8, 1443:14, 1444:14, 1444:18, 1444:21, 1447:7, 1451:6, 1451:11, 1452:5, 1454:4, 1456:13, 1533:14, 1533:21, 1534:3, 1553:3, 1555:7, 1555:8, 1555:11, 1557:18 charged [8] - 1314:15, 1329:24. 1368:4, 1368:6, 1393:21, 1532:20, 1533:23, 1534:11 charges [42] - 1311:19, 1316:2, 1316:4, 1320:10, 1325:2, 1327:10, 1327:15, 1327:16, 1328:4, 1328:6, 1329:14, 1349:12, 1368:12, 1372:7, 1376:17, 1376:18, 1377:13, 1389:3, 1396:21, 1396:23, 1435:20, 1437:10, 1437:11, 1440:19, 1446:24, 1447:5, 1447:15, 1447:16, 1448:12, 1450:13, 1451:4, 1451:13, 1451:14, 1451:15, 1456:18, 1458:8, 1533:12, 1533:13, 1550:18 charging [1] - 1534:11 chart [2] - 1323:25, 1324:6 **check** [7] - 1302:13, 1321:4, 1372:23, 1409:19, 1481:14, 1518:19, 1518:21 checked [2] - 1482:15, 1513:17 checks [1] - 1307:16 chemistry [1] - 1325:7 Chen [5] - 1315:6, 1346:4, 1407:18, 1417:16, 1417:19 Chen's [1] - 1347:13 **chest** [2] - 1477:19, 1485:5 chief [3] - 1337:16, 1343:21, 1508:7 chill [2] - 1319:24, 1319:25 chimera [1] - 1356:24 chiropractic [4] - 1308:12, 1367:15, 1407:9, 1497:9 Chiropractic [1] - 1528:16 chiropractor [5] - 1351:22, 1380:18, 1415:24, 1495:6, 1500:25 chiropractors [11] - 1337:18, 1350:23, 1350:24, 1359:1, 1364:10, 1364:18, 1399:25, 1457:25, 1459:3, 1478:8, 1488:20 choose [1] - 1431:15 chores [1] - 1542:19 chronic [1] - 1503:18 chronological [1] - 1349:23 chronologically [1] - 1350:4 chronology [1] - 1350:1 circle [1] - 1470:7 circled [2] - 1426:18, 1465:11 circling [1] - 1466:22 circulation [1] - 1484:23 circumstances [10] - 1498:3, 1498:11, 1498:16, 1499:6, 1500:14, 1520:20, 1540:11. 1560:19. 1560:20. 1562:10 cited [2] - 1332:18, 1545:18 cites [1] - 1427:9

citing [1] - 1333:7

City [2] - 1300:23, 1341:7 CIVIL [1] - 1300:12 claiming [1] - 1329:4 Class [1] - 1373:19 classes [1] - 1481:23 Claxton [3] - 1477:9, 1477:16, 1497:7 clean [1] - 1334:9 cleaning [2] - 1543:11, 1543:12 clear [11] - 1326:20, 1387:7, 1387:15, 1387:16, 1436:2, 1437:4, 1451:10, 1461:23, 1469:25, 1483:1, 1504:25 clearly [6] - 1312:13, 1320:15, 1351:11, 1466:10, 1466:14, 1550:22 clerk [1] - 1379:2 Cleveland [1] - 1301:6 **climb** [2] - 1562:11, 1562:13 climbed [1] - 1561:11 clinic [2] - 1401:8, 1485:8 clinical [3] - 1339:23, 1427:4, 1459:5 clinically [1] - 1427:5 close [6] - 1332:4, 1332:7, 1406:20, 1432:2, 1463:4, 1557:11 closer[1] - 1428:18 closing [2] - 1303:1, 1410:9 closure [2] - 1444:13, 1446:10 cloth [1] - 1356:22 code [25] - 1329:24, 1439:7, 1439:8, 1439:10, 1439:11, 1439:14, 1439:24, 1440:2, 1440:8, 1440:9, 1440:25, 1441:1, 1441:5, 1441:13, 1441:19, 1441:20, 1444:9, 1444:18, 1445:7, 1445:15, 1446:3, 1534:3, 1534:4 coded [2] - 1428:22, 1480:25 codes [6] - 1373:1, 1416:24, 1417:1, 1438:4, 1439:19, 1534:6 coding [1] - 1441:15 cohort [1] - 1546:8 Colbert [2] - 1308:8, 1529:2 **COLEMAN** [1] - 1301:9 collapsed [1] - 1314:25 collateral [3] - 1331:7, 1333:10, colleague [1] - 1491:4 colleagues [1] - 1551:25 collision [4] - 1470:17, 1477:12, 1495:13, 1495:14 colloquy [1] - 1381:17 Colonel [2] - 1302:4, 1302:18 color [2] - 1428:22, 1428:23 color-coded [1] - 1428:22 colors [1] - 1468:2 Coma [3] - 1511:8, 1511:10, 1513:2 coma [6] - 1512:14, 1512:16, 1512:17, 1512:21, 1512:23, 1553:7 combination [3] - 1341:1, 1361:21, 1489:19 combined [2] - 1437:6, 1489:21 comfort [1] - 1540:10 comfortable [3] - 1308:17, 1340:6,

coming [13] - 1303:24, 1317:7, 1318:7, 1318:15, 1339:18, 1355:6, 1409:22, 1430:9, 1463:13, 1472:3, 1492:9, 1497:15, 1524:8 command [1] - 1512:21 common [1] - 1557:23 commonly [3] - 1503:20, 1503:22, 1557:16 communicate [2] - 1512:4, 1512:19 communication [2] - 1303:22, 1304:4 community [7] - 1349:5, 1372:8, 1393:22, 1399:11, 1417:3, 1458:9, 1547:7 Community [5] - 1371:16, 1495:4, 1515:19, 1516:11, 1517:24 Company [1] - 1318:18 company [2] - 1326:10, 1330:7 comparative [1] - 1465:21 compare [6] - 1381:10, 1381:12, 1410:23, 1470:3, 1493:9, 1494:14 compared [1] - 1475:15 comparison [1] - 1475:24 compensated [1] - 1303:17 competent [1] - 1306:12 compilation [1] - 1420:9 complain [7] - 1362:8, 1500:4, 1522:8, 1522:10, 1523:16, 1555:20, 1556:8 complained [3] - 1495:19, 1498:21, 1539:15 complaining [6] - 1352:11, 1362:21, 1519:9, 1520:17, 1520:19, 1556:13 complains [2] - 1350:20, 1485:1 complaint [10] - 1477:25, 1496:3, 1496:5, 1496:7, 1501:17, 1508:6, 1508:7, 1508:8, 1527:20, 1550:9 complaints [21] - 1352:6, 1352:8, 1365:11, 1397:22, 1426:4, 1500:22, 1510:14, 1514:15, 1515:14, 1515:16, 1517:4, 1517:18, 1517:20, 1517:21, 1520:16, 1524:5, 1527:2, 1527:5, 1527:7, 1560:2 completed [3] - 1336:3, 1355:15, 1355:16 completely [8] - 1326:18, 1402:16, 1464:21, 1466:7, 1467:25, 1479:13, 1527:16 complex [4] - 1444:12, 1444:14, 1446:8, 1446:10 complicated [3] - 1341:1, 1445:14, 1446:1 compressed [9] - 1361:15, 1361:16, 1361:17, 1361:18, 1427:9, 1465:18, 1466:7, 1466:15 compressing [3] - 1464:13, 1466:13, 1472:4 compression [17] - 1361:12, 1361:13, 1361:14, 1361:22, 1361:24, 1361:25, 1363:8, 1363:9, 1364:4, 1465:4, 1465:12, 1466:1, 1471:24, 1475:5,

1493:11, 1500:8, 1515:1 comprise [1] - 1476:4 comprises [1] - 1433:19 Computer [1] - 1301:19 Computer-Aided [1] - 1301:19 concept [3] - 1342:5, 1353:20, 1402:20 concern [1] - 1304:15 concerned [5] - 1322:24, 1322:25, 1400:13, 1470:15, 1478:25 concerning [1] - 1517:5 concluded [4] - 1369:24, 1379:6, 1387:22, 1455:9 **conclusion** [1] - 1503:3 Concourse [1] - 1528:15 condensed [2] - 1314:4, 1314:5 condition [11] - 1345:7, 1351:23, 1459:2, 1494:3, 1494:17, 1537:18, 1542:18, 1544:11, 1544:16, 1549:2, 1555:16 conditions [5] - 1350:22, 1467:20, 1489:25, 1490:23, 1554:5 conduct [1] - 1336:14 conducted [1] - 1339:2 conduction [1] - 1421:11 cone [3] - 1360:9, 1462:15 confer[1] - 1310:13 conferences [1] - 1480:9 confirming [1] - 1536:11 conflated [1] - 1327:1 conflation [1] - 1332:23 confused [2] - 1336:12, 1395:11 confusing [1] - 1315:3 confusion [3] - 1315:12, 1328:3, 1441:22 Congress [1] - 1343:25 conical [1] - 1360:12 conjunction [5] - 1346:25, 1376:19, 1397:21, 1514:25, 1534:5 connect [1] - 1429:14 connected [1] - 1405:1 connection [1] - 1478:15 consent [1] - 1409:6 conservative [7] - 1407:6, 1407:8, 1426:25, 1488:22, 1559:8, 1559:17 consider [5] - 1303:18, 1390:18, 1407:6, 1407:7, 1407:22 consideration [2] - 1333:25, 1488:15 considered [2] - 1350:10, 1488:16 consistent [10] - 1381:18, 1417:10, 1418:20, 1470:8, 1470:18, 1475:16, 1526:17, 1526:18, 1526:20, 1550:24 consistently [2] - 1363:4, 1363:6 consists [1] - 1322:1 Constantine [1] - 1350:25 construct [6] - 1428:12, 1428:15, 1431:4, 1432:7, 1473:4, 1474:10 consult [3] - 1337:4, 1372:23, 1436:21 consultant [4] - 1343:1, 1484:1,

1484:2, 1555:19 consultants [2] - 1343:6, 1483:25 consultation [1] - 1364:25 consulting [1] - 1343:4 contact [3] - 1355:21, 1355:23, 1488.18 contain [1] - 1435:15 contained [2] - 1365:5, 1478:18 contemporaneous [1] - 1397:23 content [2] - 1463:7, 1561:6 continuation [1] - 1374:24 continue [8] - 1302:15, 1353:7, 1355:9, 1396:17, 1415:4, 1433:10, 1535:17, 1547:25 continued [17] - 1331:9, 1365:18, 1377:24, 1388:15, 1397:22, 1397:25, 1398:3, 1401:17, 1419:25, 1438:6, 1459:16, 1473:10, 1495:23, 1519:13, 1541:5, 1549:4, 1556:14 Continued [10] - 1301:1, 1355:24, 1379:7, 1381:22, 1383:25, 1387:24, 1408:21, 1411:4, 1452:15, 1455:11 continues [1] - 1479:12 CONTINUES [5] - 1382:1, 1388:5, 1439:1, 1496:1, 1557:1 Continuing [3] - 1402:1, 1420:8, continuing [10] - 1322:13, 1332:1, 1356:2, 1369:25, 1415:10, 1416:3, 1428:21, 1460:1, 1474:2, 1542:2 continuously [1] - 1363:24 control [3] - 1475:24, 1484:23 controlled [1] - 1406:23 controversy [4] - 1546:20, 1546:22, 1547:10, 1548:12 contusion [1] - 1350:18 contusions [2] - 1350:20, 1350:21 cook [1] - 1405:3 cookie [1] - 1330:11 cooking [2] - 1543:11, 1543:12 cooks [1] - 1405:2 copies [1] - 1387:11 **copy** [10] - 1314:4, 1370:17, 1370:21, 1370:24, 1371:3, 1378:3, 1378:11, 1381:10, 1386:22, 1387:4 cord [11] - 1361:4, 1361:9, 1363:24, 1363:25, 1364:2, 1407:13, 1475:5, 1475:18, 1475:19, 1476:4, 1493:10 Cordiale [42] - 1315:17, 1316:12, 1316:18, 1318:3, 1318:5, 1319:10, 1319:11, 1319:15, 1320:10, 1320:21, 1321:19, 1322:15, 1327:1, 1327:3, 1327:13, 1327:18, 1329:5, 1329:7, 1345:24, 1396:16, 1396:20, 1397:14, 1397:25, 1425:10, 1425:19, 1425:25, 1426:7, 1426:18, 1426:21, 1430:1, 1432:19, 1433:11, 1433:14, 1433:16, 1433:21, 1434:25, 1459:9, 1466:19, 1472:22, 1479:15, 1551:9, 1552:5 Cordiale's [17] - 1315:22, 1316:20,

1318:4, 1321:24, 1322:5, 1322:23, 1325:2, 1325:23, 1326:5, 1326:7, 1329:10, 1329:11, 1330:18, 1332:3, 1332:25, 1441:3, 1552:9 corner [3] - 1461:21, 1464:15, 1475:2 coronary [1] - 1325:8 correct [137] - 1321:25, 1340:15, 1343:12, 1346:10, 1346:21, 1346:25, 1347:6, 1347:12, 1348:13, 1348:18, 1349:21, 1364:7, 1376:1, 1378:22, 1391:10, 1392:6, 1413:4, 1415:21, 1417:4, 1417:20, 1420:13, 1420:19, 1421:1, 1423:4, 1423:13, 1423:14, 1424:5, 1425:4, 1433:18, 1433:23, 1437:2, 1437:3, 1437:8, 1438:3, 1439:14, 1439:17, 1440:1, 1440:4, 1440:11, 1442:7, 1442:20, 1445:4, 1445:24, 1446:6, 1447:17, 1447:19, 1447:20, 1448:13, 1448:14, 1450:5, 1454:1, 1456:14, 1461:17, 1463:20, 1465:5, 1465:9, 1474:11, 1474:21, 1477:6, 1477:23, 1481:8, 1487:1, 1487:6, 1487:7, 1487:13, 1487:15, 1487:18, 1487:21, 1487:22, 1488:9, 1489:23, 1490:10, 1490:18, 1491:11, 1493:19, 1493:20, 1493:22, 1496:11, 1496:13, 1502:15, 1502:17, 1503:7, 1505:2, 1505:23, 1506:25, 1507:7, 1507:21, 1508:6, 1508:9, 1508:15, 1508:21, 1508:23, 1511:25, 1513:7, 1513:11, 1513:16, 1514:9, 1514:17, 1515:15, 1515:18, 1516:15, 1517:3, 1518:9, 1521:15, 1521:17, 1521:18, 1521:21, 1521:24, 1522:9, 1522:12, 1522:14, 1522:16, 1522:18, 1525:23, 1526:14, 1527:9, 1527:13, 1528:22, 1528:25, 1530:22, 1530:25, 1531:2, 1535:9, 1537:2, 1538:16, 1539:17, 1543:3, 1545:17, 1546:10, 1547:24, 1549:15, 1555:10, 1558:15, 1558:16, 1558:20, 1561:10, 1561:17 correctly [4] - 1486:9, 1535:23, 1536:2, 1536:7 correlate [1] - 1427:5 correspond [3] - 1396:4, 1427:8, 1439:21 corresponded [1] - 1359:3 corset [1] - 1426:14 cost [8] - 1306:14, 1306:22, 1327:21, 1345:12, 1373:3, 1481:22, 1482:1, 1482:4 costs [7] - 1306:19, 1345:13, 1373:2, 1373:3, 1373:9, 1481:13, 1481:22 counsel [9] - 1321:22, 1383:17, 1408:2, 1418:16, 1428:7, 1432:17, 1434:7, 1449:9, 1550:16 Counsel [1] - 1422:17 counted [2] - 1406:2, 1412:16 counter[1] - 1307:9 county [3] - 1342:23, 1343:10, 1484:5

_Bauta v. Greyhound Lines, et al ____

1384:3, 1388:7, 1486:13, 1491:21, 1554:16, 1555:2 course [8] - 1305:24, 1310:17, 1333:6, 1372:23, 1392:19, 1443:2, 1494:14, 1530.7 court [11] - 1302:1, 1306:11, 1312:9, 1312:11, 1335:6, 1339:19, 1388:1, 1414:7, 1415:2, 1416:22, 1456:1 COURT [347] - 1300:1, 1302:3, 1302:12, 1302:23, 1303:7, 1303:9, 1304:2, 1304:22, 1305:14, 1305:22, 1306:4, 1307:4, 1307:6, 1307:12, 1307:15, 1307:18, 1307:22, 1307:24, 1308:15, 1308:19, 1308:21, 1309:21, 1310:5, 1310:8, 1311:4, 1311:8, 1311:11, 1311:14, 1311:17, 1312:20, 1313:21, 1314:8, 1314:10, 1314:17, 1314:19, 1314:23, 1316:5, 1316:9, 1316:18, 1316:23, 1317:1, 1317:3, 1317:5, 1317:13, 1317:25, 1318:3, 1318:10, 1318:15, 1318:17, 1318:20, 1318:22, 1319:4, 1319:6, 1319:16, 1319:21, 1320:3, 1320:12, 1321:9, 1321:15, 1321:18, 1321:23, 1322:1, 1322:4, 1322:7, 1322:15, 1322:19, 1322:22, 1323:7, 1323:24, 1324:5, 1324:9, 1324:11, 1324:13, 1325:1, 1325:12, 1325:15, 1325:18, 1326:1, 1326:3, 1326:14, 1326:16, 1326:21, 1326:24, 1327:2, 1327:7, 1329:5, 1330:13, 1330:16, 1330:18, 1330:21, 1330:23, 1332:2, 1332:6, 1332:9, 1332:11, 1332:15, 1332:19, 1332:24, 1334:6, 1334:12, 1334:16, 1334:21, 1334:24, 1335:3, 1335:5, 1335:10, 1344:11, 1353:7, 1354:8, 1354:11, 1354:14, 1365:15, 1367:1, 1367:7, 1367:14, 1367:17, 1367:21, 1367:24, 1368:1, 1368:6, 1368:8, 1368:24, 1369:3, 1369:6, 1369:12, 1369:14, 1369:21, 1370:4, 1370:6, 1370:17, 1370:20, 1370:22, 1372:11, 1374:7, 1374:11, 1374:14, 1374:17, 1375:15, 1375:18, 1375:20, 1376:10, 1376:21, 1377:19, 1377:22, 1378:25, 1379:5, 1380:2, 1380:5, 1380:8, 1380:14, 1381:16, 1382:16, 1383:23, 1385:4, 1385:7, 1385:13, 1385:17, 1385:21, 1386:2, 1386:8, 1386:11, 1386:14, 1386:22, 1387:2, 1387:4, 1387:9, 1387:16, 1388:3, 1389:22, 1391:19, 1394:6, 1395:10, 1395:14, 1395:17, 1397:4, 1397:7, 1398:15, 1398:18, 1399:16, 1406:15, 1408:4, 1408:7, 1408:9, 1408:13, 1408:15, 1408:17, 1409:3, 1409:12, 1409:15, 1410:1, 1410:3, 1410:11, 1410:15, 1410:19, 1410:22, 1410:24, 1411:2, 1412:2, 1412:22, 1413:24, 1414:2, 1414:4, 1414:8, 1415:4, 1415:14, 1415:16,

couple [9] - 1312:4, 1325:17, 1327:14,

1415:18, 1417:12, 1418:3, 1418:19, 1418:22, 1419:12, 1419:20, 1419:22, 1422:14, 1423:7, 1423:10, 1423:19, 1424:15, 1424:21, 1424:23, 1428:19, 1429:10, 1432:14, 1432:25, 1433:5, 1433:7, 1434:9, 1434:11, 1434:14, 1435:22, 1435:24, 1436:3, 1437:4, 1437:7, 1437:9, 1448:5, 1448:20, 1448:23, 1449:16, 1449:25, 1450:24, 1451:20, 1451:24, 1452:1, 1452:8, 1452:12, 1453:24, 1454:12, 1454:20, 1455:4, 1455:7, 1456:3, 1456:25, 1460:17, 1460:24, 1461:3, 1461:11, 1464:2, 1465:8, 1465:13, 1465:15, 1468:4, 1469:19, 1469:22, 1469:24, 1472:11, 1478:23, 1481:14, 1483:5, 1483:18, 1484:15, 1484:17, 1485:23, 1502:10, 1504:21, 1506:4, 1506:6, 1506:10, 1506:12, 1506:22, 1506:24, 1509:2, 1509:15, 1509:24, 1510:1, 1511:19, 1511:21, 1512:10, 1515:22, 1516:2, 1516:6, 1517:16, 1521:13, 1522:23, 1522:25, 1528:1, 1528:6, 1528:8, 1528:13, 1528:21, 1529:14, 1533:8, 1534:16, 1534:18, 1534:22, 1536:16, 1537:10, 1537:12, 1537:23, 1539:13, 1539:22, 1540:5, 1540:17, 1541:2, 1542:21, 1543:18, 1544:6, 1544:22, 1545:3, 1545:10, 1545:12, 1549:9, 1549:18, 1551:7, 1551:12, 1552:8, 1552:11, 1552:13, 1552:16, 1553:23, 1554:19, 1555:15, 1556:4, 1556:11, 1557:25, 1558:3, 1558:23, 1560:8, 1560:17, 1561:5, 1561:19, 1561:21, 1562:4, 1562:16, 1563:2, 1563:6 Court [10] - 1301:17, 1321:2, 1353:6, 1383:17, 1408:11, 1415:13, 1422:17, 1428:7, 1432:17, 1449:10 courtesy [1] - 1387:12 Courthouse [1] - 1300:5 courts [1] - 1306:18 cover [2] - 1302:3, 1557:8 coverage [1] - 1306:2 covered [4] - 1385:11, 1444:24, 1457:21, 1478:5 covering [3] - 1402:22, 1402:25, 1464:14 CPLR [1] - 1536:5 crack [3] - 1492:9, 1554:4, 1554:9 crazy [1] - 1410:21 cream [3] - 1360:9, 1462:14, 1462:15 create [1] - 1332:13 created [2] - 1510:25, 1533:20 creates [2] - 1315:12, 1364:5 credence [2] - 1560:13, 1560:18 credibility [7] - 1529:21, 1529:24, 1530:8, 1533:13, 1539:18, 1540:15, 1560:10

criticizing [1] - 1534:10 cross [4] - 1302:18, 1328:19, 1329:22, 1511:15 CROSS [3] - 1485:25, 1542:1, 1564:6 cross-examination [2] - 1302:18, 1329:22 cross-examine [2] - 1328:19, 1511:15 crossover [1] - 1548:10 crucially [1] - 1530:9 CT [6] - 1338:19, 1521:6, 1521:7, 1521:9, 1521:16, 1521:22 CTs [1] - 1517:2 cuboidal [1] - 1468:18 **culture** [1] - 1485:4 Cummings [2] - 1306:15, 1309:19 **cumulative** [1] - 1313:16 cured [2] - 1404:9, 1479:13 current [2] - 1339:10, 1494:3 curvature [2] - 1429:1, 1474:21 curve [2] - 1429:6 cushion [6] - 1354:22, 1354:24, 1355:2, 1462:12, 1462:22, 1553:24 custom [1] - 1341:25 customarily [1] - 1551:24 customary [43] - 1306:10, 1306:19, 1306:22, 1308:16, 1308:23, 1309:5, 1311:6, 1311:19, 1312:25, 1318:20, 1331:1, 1349:4, 1349:9, 1371:23, 1371:24, 1372:8, 1372:12, 1377:3, 1382:9, 1382:10, 1389:6, 1389:14, 1393:22, 1393:24, 1399:11, 1413:10, 1417:2, 1417:4, 1418:8, 1421:4, 1421:15, 1421:17, 1421:18, 1436:13, 1441:14, 1442:13, 1445:12, 1446:9, 1446:19, 1447:12, 1450:14, 1456:19, 1458:9 cut [1] - 1545:6

_11

D

dad [3] - 1542:18, 1543:9, 1543:16 dad's [3] - 1542:19, 1543:11, 1543:14 daily [2] - 1329:20, 1401:8 damage [1] - 1391:1 Daniel [2] - 1337:15, 1337:22 dark [4] - 1462:24, 1469:16, 1504:1, 1504.2 dash [2] - 1383:18, 1391:5 data [3] - 1459:7, 1552:2, 1560:22 database [6] - 1312:25, 1372:17, 1372:19, 1372:20, 1372:23, 1389:8 databases [1] - 1309:11 date [31] - 1314:13, 1314:15, 1314:16, 1315:23, 1324:17, 1345:3, 1350:13, 1377:2, 1382:5, 1383:9, 1391:23, 1392:16, 1392:17, 1392:18, 1397:17, 1397:18, 1399:2, 1410:24, 1423:25, 1424:2, 1424:6, 1425:15, 1434:22, 1436:15, 1440:6, 1440:23, 1440:25, 1441:8, 1461:16, 1496:3

credible [1] - 1530:17

```
dated [1] - 1390:23
dates [21] - 1327:9, 1348:15, 1349:21,
1375:2, 1383:6, 1388:15, 1393:21,
1396:3, 1396:5, 1396:7, 1407:2,
1413:6, 1413:7, 1413:16, 1422:1,
1435:15, 1436:4, 1450:9, 1454:12,
1456:11, 1496:9
Davis [4] - 1336:2, 1336:5, 1336:6,
1337:12
days [21] - 1303:16, 1303:17, 1303:19,
1303:23, 1312:6, 1327:22, 1351:11,
1355:19, 1380:21, 1424:10, 1450:4,
1450:13, 1496:12, 1500:22, 1501:6,
1501:21, 1519:8, 1527:10, 1527:23,
1554:16, 1555:2
DC [1] - 1394:13
deal [6] - 1329:9, 1333:4, 1384:22,
1387:3, 1415:16, 1555:18
dealing [1] - 1364:1
debate [1] - 1466:16
debridement [1] - 1446:3
decades [1] - 1548:14
December [5] - 1390:23, 1391:11,
1391:14, 1392:18, 1398:10
decide [3] - 1368:18, 1368:20
decision [1] - 1387:19
decompress [1] - 1442:24
decompression [1] - 1444:7
decortication [1] - 1437:21
decrease [2] - 1400:16, 1471:5
decreased [3] - 1466:25, 1472:6,
1526:12
deductions [1] - 1323:4
deep [1] - 1430:20
deeper [1] - 1446:1
defendant [1] - 1522:25
Defendant's [11] - 1320:2, 1321:16,
1324:21, 1325:16, 1516:6, 1516:7,
1528:13, 1534:18, 1534:23, 1567:6,
1567:12
defendant's [3] - 1320:3, 1325:13,
1325:15
defendants [3] - 1300:10, 1340:2,
1486:5
Defendants [3] - 1301:3, 1301:3,
1301:10
Defendants' [4] - 1523:1, 1528:14,
1567:8, 1567:10
defense [8] - 1304:9, 1306:20, 1320:1,
1340:12, 1345:10, 1460:6, 1465:3,
1465:10
defer [1] - 1548:5
deficit [1] - 1359:2
definition [2] - 1500:16, 1559:22
definitive [1] - 1475:5
degenerate [4] - 1490:5, 1490:12,
1548:1, 1548:11
degenerated [4] - 1489:1, 1503:25,
1504:11, 1548:3
degeneration [17] - 1480:7, 1492:25,
```

```
1493:1, 1545:14, 1546:21, 1547:2,
1547:11, 1547:13, 1547:21, 1547:23,
1548:16, 1548:24, 1549:3, 1549:4,
1549:14, 1550:12, 1559:15
Degeneration [1] - 1547:17
degenerative [19] - 1467:20, 1468:1,
1489:20, 1489:23, 1490:3, 1490:15,
1494:9, 1503:18, 1503:22, 1503:24,
1521:25, 1548:7, 1548:8, 1548:20,
1549:2, 1549:23, 1559:7, 1559:17,
1559:21
degree [12] - 1476:12, 1477:4,
1480:21, 1483:20, 1485:17, 1493:14,
1495:5, 1495:11, 1497:1, 1497:5,
1538:24, 1553:18
degrees [1] - 1352:22
delay [1] - 1480:19
delayed [12] - 1494:24, 1499:12,
1519:11, 1520:8, 1550:7, 1553:19,
1553:21, 1554:7, 1554:11, 1557:4,
1557:6, 1562:20
delicate [2] - 1430:23, 1480:15
deliver [1] - 1402:14
Delray [2] - 1338:3, 1342:14
demographics [1] - 1374:25
demonstrate [2] - 1355:4, 1429:12
demonstrates [1] - 1352:14
demonstrating [1] - 1351:11
demonstrative [1] - 1429:11
denied [12] - 1302:6, 1508:14,
1508:16, 1508:18, 1508:20, 1508:22,
1509:7, 1523:12, 1523:15, 1523:19,
1524:1. 1538:10
denies [3] - 1465:12, 1518:10, 1523:23
DENNEHEY [1] - 1301:9
dense [2] - 1521:4, 1521:16
deny [1] - 1501:13
denying [1] - 1508:24
departed [1] - 1400:14
department [1] - 1560:6
deposed [1] - 1540:24
deposition [25] - 1311:24, 1312:2,
1312:3, 1321:21, 1329:13, 1473:2,
1491:4, 1504:17, 1505:3, 1505:19,
1510:22, 1520:5, 1531:24, 1532:3,
1542:3, 1542:5, 1542:9, 1542:10,
1543:1, 1543:2, 1543:4, 1543:20,
1546:3, 1551:19
depositions [7] - 1304:13, 1305:20,
1339:18, 1454:16, 1501:6, 1531:15,
1551:4
depth [1] - 1431:14
derangement [1] - 1390:25
dermatome [4] - 1356:20, 1356:21,
1357:5, 1553:10
dermatomes [10] - 1354:5, 1355:16,
1356:20, 1357:23, 1357:24, 1358:5,
1358:23, 1359:3, 1426:11, 1427:8
describe [5] - 1394:11, 1397:12,
1440:6, 1443:6, 1472:1
```

description [3] - 1394:16, 1397:15 desiccated [1] - 1550:2 desiccation [3] - 1496:19, 1496:23, 1550:4 design [1] - 1337:2 designated [1] - 1354:17 designations [1] - 1304:9 destination [1] - 1357:9 destinations [1] - 1360:24 destruction [1] - 1405:7 detailed [5] - 1394:16, 1397:15, 1426:21, 1485:2, 1485:12 details [1] - 1318:1 detecting [1] - 1427:6 determine [10] - 1357:8, 1372:12, 1372:20, 1380:24, 1388:10, 1470:13, 1512:14, 1515:9, 1553:7, 1560:10 determined [2] - 1317:9, 1505:22 detract [1] - 1537:16 develop [2] - 1546:5, 1558:8 developed [1] - 1560:23 developing [1] - 1559:23 **device** [3] - 1483:1, 1483:9, 1483:12 devices [1] - 1547:5 devil [1] - 1318:1 diabetic [1] - 1421:22 diagnose [1] - 1400:19 diagnosed [1] - 1538:14 diagnoses [3] - 1390:23, 1391:15, 1459:5 diagnosis [5] - 1336:15, 1337:3, 1351:7, 1390:18, 1390:22 Diagnostic [1] - 1451:11 diagnostic [4] - 1400:24, 1401:15, 1404:13, 1421:10 diagnostically [1] - 1403:13 Diagnostics [2] - 1347:22, 1451:4 diameter [2] - 1429:16, 1429:17 **DIAMOND** [10] - 1300:19, 1314:2, 1314:5, 1314:12, 1314:18, 1315:20, 1319:1, 1319:5, 1319:9, 1322:17 Diamond [2] - 1304:5, 1314:11 dictate [1] - 1498:12 die [3] - 1484:19, 1553:4 died [1] - 1406:13 differ [1] - 1402:3 difference [15] - 1328:22, 1359:7, 1359:10, 1363:23, 1430:16, 1435:6, 1443:19, 1494:7, 1497:23, 1504:6, 1505:4, 1505:6, 1505:20, 1529:17, 1529:20 different [53] - 1307:21, 1307:23, 1308:24, 1309:3, 1309:5, 1309:13, 1309:18, 1310:3, 1319:2, 1319:7, 1320:10, 1325:18, 1325:22, 1328:11, 1330:2, 1330:23, 1338:11, 1338:17, 1349:11, 1349:12, 1355:22, 1361:18, 1362:1, 1372:15, 1375:1, 1378:11, 1396:5, 1402:6, 1406:2, 1410:22, 1410:24, 1413:16, 1428:25, 1429:8,

```
1430:4, 1439:24, 1454:14, 1456:11,
1456:13, 1468:15, 1469:19, 1486:8,
1488:17, 1490:23, 1498:2, 1511:17,
1512:12, 1515:5, 1516:17, 1524:11,
1543:23, 1547:3
differential [2] - 1351:7, 1351:24
differing [1] - 1431:13
difficulty [3] - 1303:15, 1356:18,
1524:1
dioxide [1] - 1406:20
dip [1] - 1323:22
dipped [1] - 1320:19
dipping [5] - 1324:3, 1330:10,
1330:11, 1332:22, 1332:24
dire [1] - 1484:21
DIRECT [6] - 1335:15, 1356:1, 1415:9,
1420:7, 1474:1, 1564:5
direct [9] - 1343:1, 1392:10, 1469:11,
1485:21, 1486:24, 1514:20, 1550:15,
1555:5, 1556:7
directed [3] - 1390:14, 1485:7,
1485:10
directions [1] - 1428:25
directly [5] - 1324:19, 1324:20,
1343:3, 1362:5, 1510:11
disadvantage [2] - 1467:2, 1467:13
disagree [3] - 1348:12, 1504:3, 1504:5
DISC [4] - 1338:5, 1338:18, 1339:2,
1339:4
disc [79] - 1337:1, 1351:23, 1351:25,
1352{:}5,\ 1354{:}20,\ 1354{:}21,\ 1354{:}24,
1355:3, 1361:22, 1403:24, 1403:25,
1462:16, 1462:21, 1463:2, 1463:7,
1463:9, 1463:12, 1463:15, 1463:17,
1464:13, 1464:22, 1466:19, 1466:24,
1466:25, 1467:13, 1467:14, 1467:17,
1467:23, 1468:15, 1468:17, 1468:19,
1468:21, 1469:2, 1469:13, 1469:14,
1469:15, 1470:5, 1470:6, 1470:7,
1470:9, 1470:11, 1470:24, 1471:1,
1471:8, 1471:9, 1472:2, 1472:5,
1475:21, 1476:10, 1476:16, 1480:2,
1480:6, 1487:24, 1488:25, 1489:12,
1490:8, 1491:19, 1491:25, 1492:13,
1494:23, 1495:7, 1495:8, 1495:10,
1495:12, 1520:4, 1520:5, 1547:4,
1548:4, 1548:7, 1548:8, 1549:2,
1550:2, 1550:5, 1553:24
discectomy [1] - 1443:3
discharged [1] - 1525:25
disciplinary [1] - 1338:1
discipline [2] - 1336:14, 1336:23
disciplines [1] - 1338:9
disclosed [2] - 1453:4, 1453:11
disclosure [1] - 1453:8
disclosures [1] - 1432:24
discovered [2] - 1408:2, 1515:4
discovery [5] - 1320:23, 1320:25,
1453:4, 1454:21, 1455:2
discs [8] - 1363:15, 1462:10, 1463:4,
```

```
1463:16, 1464:23, 1466:22, 1467:22,
1490.5
discuss [4] - 1310:11, 1383:21,
1475:1, 1480:9
discussed [11] - 1381:11, 1391:14,
1405:18, 1407:5, 1422:10, 1423:13,
1450:20, 1457:1, 1483:16, 1506:16,
1552:25
Discussion [1] - 1414:9
discussion [3] - 1380:7, 1386:1,
1466:18
discussions [3] - 1417:11, 1459:1,
1516:23
disease [12] - 1480:8, 1480:11,
1480:22, 1480:24, 1481:2, 1489:23,
1546:6, 1547:3, 1547:8, 1548:16,
1548:20, 1559:23
disk [33] - 1391:4, 1391:5, 1391:7,
1401:4, 1401:7, 1401:10, 1401:13,
1496:18, 1496:19, 1496:20, 1496:23,
1497:11, 1497:14, 1498:8, 1498:13,
1498:21, 1499:8, 1499:18, 1499:25,
1500:1, 1500:7, 1503:20, 1503:24,
1503:25, 1504:11, 1504:12, 1505:1,
1505:13, 1519:7, 1557:8, 1557:10
disks [1] - 1391:7
dispensed [1] - 1371:19
displaced [2] - 1462:23, 1471:10
displayed [1] - 1473:4
dispute [14] - 1313:9, 1395:19, 1494:2,
1507:2, 1516:14, 1516:19, 1516:23,
1518:8, 1523:5, 1523:17, 1526:24,
1527:18, 1533:15, 1546:24
disputes [1] - 1459:1
disregard [1] - 1302:17
disruption [1] - 1521:19
distention [1] - 1525:1
distract [1] - 1556:1
distracting [2] - 1499:11, 1555:16
DISTRICT [2] - 1300:1, 1300:1
DO [2] - 1382:6, 1397:14
Doc [6] - 1354:3, 1401:1, 1404:9,
1404:17, 1498:18, 1498:22
doc [1] - 1362:9
doctor [18] - 1307:18, 1307:19,
1308:3, 1313:11, 1341:10, 1365:14,
1390:16, 1394:14, 1412:11, 1428:17,
1436:7, 1437:18, 1454:8, 1519:2,
1523:3, 1526:5, 1529:9, 1559:3
Doctor [9] - 1335:17, 1344:13,
1349:19, 1383:1, 1393:1, 1486:2,
1536:2, 1547:9, 1550:9
doctors [35] - 1315:11, 1341:11,
1343:3, 1345:8, 1345:15, 1348:25,
1349:9, 1351:5, 1351:14, 1352:4,
1352:9, 1352:13, 1355:17, 1355:22,
1362:25, 1372:16, 1372:22, 1392:8,
1402:8, 1403:9, 1425:3, 1425:9,
1425:13, 1435:12, 1435:16, 1451:12,
1457:21, 1459:2, 1459:8, 1484:12,
```

```
1532:6, 1532:7, 1550:20, 1551:22,
1552:13
doctors' [2] - 1327:11, 1345:21
document [13] - 1310:24, 1313:24,
1351:17, 1351:24, 1355:19, 1362:25,
1388:19, 1392:16, 1395:25, 1397:12,
1416:15, 1418:17, 1423:23
documentation [3] - 1327:24,
1513:24, 1515:6
documented [8] - 1359:1, 1363:11,
1383:3, 1426:5, 1507:22, 1550:23,
1560:15
documenting [1] - 1390:12
documents [5] - 1312:1, 1319:7,
1415:23, 1415:24, 1456:18
done [54] - 1315:5, 1323:13, 1329:9,
1341:1, 1346:24, 1350:3, 1352:20,
1357:18, 1372:25, 1383:9, 1392:8,
1392:12, 1392:23, 1394:21, 1394:25,
1395:5, 1400:18, 1400:19, 1402:11,
1403:7, 1403:12, 1405:10, 1405:12,
1405:24, 1406:10, 1412:15, 1426:6,
1427:13, 1427:21, 1428:14, 1432:16,
1432:22, 1439:8, 1440:2, 1458:24,
1484:12, 1485:11, 1486:19, 1492:16,
1495:9, 1502:1, 1512:19, 1514:9,
1521:3, 1534:4, 1537:6, 1539:19,
1545:7, 1555:22, 1556:3, 1557:19,
1557:20, 1563:3
door [3] - 1404:2, 1404:5
dots [1] - 1464:12
double [8] - 1302:13, 1323:17,
1323:22, 1324:3, 1324:22, 1332:22,
1332:24, 1409:19
doubt [1] - 1530:13
doughnut [4] - 1553:25, 1554:2,
1554:5, 1554:8
down [45] - 1305:9, 1309:17, 1314:13,
1314:22, 1319:9, 1349:19, 1352:12,
1353:17, 1354:4, 1354:10, 1355:9,
1355:20, 1356:13, 1358:15, 1373:16,
1402:14, 1403:10, 1406:10, 1406:20,
1410:8, 1410:16, 1410:20, 1428:18,
1436:15, 1437:10, 1440:22, 1442:21,
1443:10, 1445:2, 1454:5, 1464:20,
1466:14, 1468:10, 1471:3, 1471:9,
1500:4, 1503:13, 1513:19, 1513:21,
1514:10, 1518:12, 1535:19, 1553:9,
1554:12, 1557:13
dozens [2] - 1531:13
dr[1] - 1329:17
Dr [291] - 1305:4, 1308:15, 1308:21,
1309:17, 1309:24, 1310:16, 1310:17,
1310:21, 1311:1, 1311:4, 1311:18,
1311:24, 1314:14, 1315:10, 1315:17,
1315:22, 1316:12, 1316:18, 1316:20,
1318:3, 1318:4, 1318:5, 1318:11,
1319:10, 1319:11, 1320:10, 1320:21,
1321:19, 1321:24, 1322:5, 1322:15,
1322:23, 1325:2, 1325:23, 1326:5,
```

1/

1326:7, 1327:13, 1327:18, 1328:18, 1329:1, 1329:5, 1329:7, 1329:10, 1329:11, 1329:12, 1329:19, 1329:23, 1330:4, 1330:18, 1332:3, 1332:12, 1332:25, 1334:7, 1335:3, 1339:10, 1340:7, 1341:25, 1344:8, 1344:11, 1345:24, 1345:25, 1346:4, 1346:5, 1346:6, 1346:7, 1346:8, 1346:17, 1346:25, 1347:1, 1347:10, 1347:11, 1347:13, 1347:14, 1347:20, 1348:4, 1348:5, 1350:5, 1350:23, 1350:24, 1350:25, 1351:14, 1352:3, 1358:22, 1359:4, 1361:19, 1363:13, 1364:9, 1364:10, 1365:1, 1370:9, 1371:2, 1371:21, 1372:7, 1374:20, 1375:22, 1376:14, 1376:25, 1380:9, 1380:16, 1380:19, 1381:18, 1382:3, 1382:18, 1383:11, 1383:13, 1388:8, 1390:5, 1390:6, 1390:11, 1390:16, 1392:1, 1392:5, 1392:23, 1392:24, 1393:6, 1393:20, 1394:11, 1394:17, 1396:6, 1396:15, 1396:16, 1396:20, 1397:25, 1398:2, 1398:10, 1399:21, 1400:2, 1400:3, 1406:25, 1407:1, 1407:17, 1407:18, 1408:6, 1409:3, 1409:22, 1410:5, 1412:6, 1412:25, 1413:7, 1413:16, 1413:18, 1413:22, 1413:23, 1413:25, 1415:19, 1415:25, 1416:3, 1416:6, 1416:19, 1416:20, 1417:16, 1417:19, 1418:7, 1418:12, 1418:25, 1420:10, 1420:21, 1420:24, 1421:8, 1421:9, 1421:20, 1422:18, 1422:25, 1423:2, 1423:12, 1423:14, 1424:2, 1425:2, 1425:10, 1425:11, 1425:17, 1425:19, 1425:22, 1425:25, 1426:6, 1426:7, 1426:18, 1426:21, 1427:21, 1428:9, 1429:10, 1430:1, 1431:8, 1432:11, 1432:15, 1432:19, 1433:11, 1433:14, 1433:16, 1433:21, 1434:18, 1434:25, 1436:4, 1441:3, 1447:24, 1448:21, 1449:12, 1451:3, 1452:6, 1456:5, 1457:4, 1458:15, 1459:9, 1460:12, 1461:14, 1465:2, 1465:3, 1465:10, 1466:19, 1468:12, 1469:20, 1469:25, 1470:22, 1472:22, 1474:25, 1476:7, 1477:24, 1479:15, 1481:12, 1483:7, 1483:23, 1485:15, 1485:21, 1493:23, 1493:24, 1495:6, 1496:7, 1502:6, 1502:13, 1502:16, 1503:16, 1504:9, 1505:1, 1505:7, 1510:24, 1511:15, 1516:21, 1519:9, 1527:21, 1528:21, 1531:18, 1532:10, 1533:4, 1533:10, 1533:16, 1534:15, 1535:3, 1535:6, 1535:11, 1535:20, 1536:20, 1537:3, 1537:15, 1537:20, 1549:22, 1550:17, 1551:1, 1551:3, 1551:9, 1551:15, 1551:20, 1552:4, 1552:5, 1552:9, 1552:18, 1553:16, 1562:21, draw [10] - 1461:23, 1462:6, 1463:12, 1467:5, 1467:6, 1467:7, 1468:24,

1468:25, 1470:7, 1470:10 drawing [2] - 1462:3, 1470:7 drill [1] - 1437:19 driven [1] - 1338:15 driving [1] - 1338:17 drop [1] - 1357:20 dry [2] - 1490:8, 1554:6 dryer [1] - 1554:3 drying [1] - 1496:19 due [9] - 1304:7, 1320:7, 1320:14, 1321:8, 1328:8, 1394:1, 1412:15, 1469:1, 1549:13 dull [1] - 1362:10 duly [3] - 1335:13, 1415:7, 1536:3 duplicate [2] - 1410:9, 1486:12 duplicated [1] - 1317:24 duplicates [2] - 1412:20, 1486:10 duplication [7] - 1313:10, 1408:2, 1418:17, 1422:11, 1423:16, 1434:8, duplications [3] - 1409:24, 1409:25, 1410:1 duplicative [16] - 1398:16, 1410:7, 1410:16, 1418:6, 1418:25, 1419:4, 1419:10, 1419:18, 1420:3, 1424:19, 1444:21, 1444:22, 1445:2, 1450:20, 1486:13 dura [3] - 1402:24, 1403:2 dural [1] - 1402:22 duration [1] - 1389:16 during [13] - 1306:2, 1311:24, 1312:15, 1326:6, 1326:7, 1341:17,

Ε

1343:18, 1343:20, 1439:4, 1441:2,

1491:3, 1516:17, 1545:21

e-mailed [1] - 1313:24

e-mails [1] - 1385:24

early [15] - 1351:9, 1351:21, 1352:3, 1352:16, 1355:17, 1356:17, 1358:23, 1360:22, 1364:9, 1474:23, 1490:4, 1545:8, 1553:16 easiest [2] - 1401:11, 1562:14 East [3] - 1300:17, 1301:5, 1529:2 East/Brooklyn [1] - 1301:17 **EASTERN** [1] - 1300:1 easy [2] - 1386:7, 1558:2 eaten [1] - 1479:21 eating [1] - 1492:4 ED [3] - 1517:19, 1528:11, 1560:5 edge [1] - 1352:21 edits [1] - 1387:6 education [1] - 1336:3 effacing [1] - 1464:14 effect [2] - 1304:10, 1480:10 effort [1] - 1383:11 Ehrenberg [4] - 1303:13, 1303:22,

Ehrenberg's [1] - 1304:8 eight [5] - 1351:18, 1426:2, 1431:17, 1488:7, 1496:12 Either [1] - 1315:7 either [20] - 1303:16, 1326:10, 1329:12, 1333:8, 1339:16, 1341:22, 1341:23, 1361:15, 1365:14, 1405:10, 1405:12, 1487:3, 1495:12, 1496:19, 1500:12, 1519:5, 1520:7, 1527:8, 1550:7, 1554:7 elbow [1] - 1391:3 electrodiagnostic [1] - 1421:18 electromyography [1] - 1421:11 electronic [2] - 1314:21, 1510:5 electronically [1] - 1449:10 elements [2] - 1401:9, 1431:7 elicit [2] - 1519:3, 1520:6 elicited [2] - 1515:1, 1550:15 elicits [1] - 1514:7 eligible [1] - 1341:2 emanating [1] - 1360:23 embedded [2] - 1342:24, 1557:8 Emblem [16] - 1304:16, 1304:18, 1305:23, 1320:22, 1320:24, 1324:2, 1324:23, 1325:19, 1325:21, 1326:22, 1328:9, 1328:15, 1330:8, 1333:14, 1333:17 Emergency [3] - 1513:3, 1518:18, 1519:2 emergency [47] - 1342:19, 1343:2, 1343:3, 1343:5, 1343:6, 1343:8, 1343:11, 1348:8, 1348:16, 1348:20, 1349:7, 1350:16, 1365:4, 1367:16, 1370:12, 1371:10, 1371:21, 1373:2, 1373:20, 1373:24, 1374:2, 1375:7, 1375:13, 1376:18, 1377:12, 1378:14, 1379:2, 1483:24, 1483:25, 1484:1, 1484:2, 1484:3, 1484:5, 1484:18, 1485:1, 1485:2, 1485:11, 1507:6, 1520:12, 1521:8, 1553:1, 1553:2, 1553:3, 1555:19, 1560:5 employees [1] - 1321:22 EMR [1] - 1375:1 EMS [4] - 1505:25, 1506:5, 1506:25, 1560:5 EMT [8] - 1350:16, 1508:18, 1527:1, 1552:22, 1552:24, 1553:17, 1556:8, 1560:19 EMT's [1] - 1553:5 **EMTs** [7] - 1506:18, 1507:3, 1509:6, 1514:14, 1515:4, 1522:6, 1561:23 EMTs' [1] - 1510:6 encounter [2] - 1421:21, 1442:25 encounters [4] - 1375:2, 1390:12, 1393:17, 1421:17 end [7] - 1332:11, 1332:19, 1360:9, 1369:23. 1438:2. 1446:6. 1458:14 ended [1] - 1432:2 endings [1] - 1402:10 ends [5] - 1358:16, 1358:21, 1363:25,

1305:4

_15

```
1411:3, 1441:17
Engine [1] - 1318:18
Englewood [1] - 1337:23
englewood [1] - 1337:24
ensure [1] - 1444:7
Enterprise [2] - 1301:5, 1301:11
ENTERPRISE [1] - 1300:9
enters [3] - 1334:23, 1415:3, 1468:8
entire [6] - 1313:4, 1405:4, 1503:25,
1525:17, 1526:10, 1547:6
entirely [1] - 1330:2
entirety [7] - 1321:19, 1398:15,
1409:7, 1409:8, 1485:9, 1503:25,
1544:11
entities [3] - 1305:6, 1305:9, 1349:3
entity [1] - 1480:9
entries [5] - 1314:15, 1383:3, 1449:22,
1477:15, 1477:16
entry [3] - 1383:10, 1429:25, 1430:11
epidural [8] - 1392:22, 1402:3,
1402:20, 1402:22, 1403:8, 1403:21,
1403:22
epidurals [10] - 1400:6, 1402:5,
1402:11, 1403:12, 1403:16, 1403:18,
1405:9, 1406:3, 1427:1, 1500:5
Eppley [1] - 1516:20
equal [2] - 1313:22, 1315:25
equation [1] - 1401:13
equipped [1] - 1405:15
ER [9] - 1371:17, 1373:19, 1494:18,
1495:3, 1499:13, 1512:20, 1515:20,
1516:25, 1522:7
erase [1] - 1467:10
Erb [1] - 1516:20
error [4] - 1551:4, 1551:10, 1551:16,
1557:23
escalate [1] - 1364:23
ESQ [7] - 1300:18, 1300:19, 1300:23,
1301:7, 1301:7, 1301:13, 1301:14
essence [1] - 1494:2
essentially [2] - 1334:15, 1525:24
establish [2] - 1309:8, 1459:5
estimates [1] - 1559:18
et [2] - 1325:7
evaluate [2] - 1307:2, 1487:6
evaluated [9] - 1425:18, 1451:12,
1506:19, 1531:23, 1532:1, 1532:6,
1532:7, 1533:17, 1536:21
evaluation [6] - 1371:17, 1426:3,
1426:8, 1507:7, 1513:5, 1516:22
evaluations [2] - 1436:11, 1511:9
Evangelical [13] - 1348:20, 1350:16,
1365:3, 1370:12, 1371:16, 1375:14,
1495:4, 1515:19, 1516:10, 1517:24,
1527:1, 1553:17
evening [1] - 1563:4
event [6] - 1476:16, 1489:15, 1489:16,
1498:12, 1499:2, 1554:4
events [1] - 1469:10
eventually [1] - 1404:3
```

```
everyday [1] - 1502:25
evidence [66] - 1328:5, 1328:24,
1329:1, 1333:13, 1333:20, 1333:22,
1374:17, 1374:19, 1375:13, 1375:20,
1375:21, 1376:11, 1377:20, 1380:3,
1380:11, 1380:16, 1382:17, 1388:4,
1389:24, 1394:8, 1395:20, 1397:5,
1398:20, 1399:18, 1412:3, 1412:4,
1412:24, 1415:12, 1415:15, 1417:14,
1418:5, 1418:23, 1419:13, 1419:24,
1422:16, 1423:11, 1423:21, 1424:16,
1424:25, 1432:18, 1434:15, 1434:17,
1447:24, 1448:6, 1448:7, 1450:1,
1450:21, 1450:25, 1451:5, 1452:2,
1457:2, 1461:5, 1461:7, 1474:24,
1491:7, 1492:25, 1501:5, 1501:19,
1515:23, 1516:7, 1522:22, 1523:1,
1528:14, 1534:23, 1543:17, 1544:24
evident [2] - 1469:8, 1470:16
evidentiary [4] - 1311:11, 1313:16,
1331:6, 1333:5
EVM [1] - 1512:8
evolutionary [1] - 1479:21
evolve [1] - 1362:6
exact [8] - 1316:17, 1345:3, 1347:23,
1483:7, 1483:8, 1486:21, 1516:13,
1539:17
exactly [6] - 1386:13, 1395:17, 1473:4,
1479:3, 1503:19, 1548:2
Exactly [1] - 1513:4
exam [20] - 1485:9, 1501:15, 1511:1,
1511:7, 1512:18, 1518:12, 1518:16,
1523:9, 1524:6, 1524:14, 1525:6,
1525:13, 1525:14, 1526:15, 1530:4,
1535:5, 1535:7, 1535:8, 1552:24,
1553:10
EXAMINATION [18] - 1335:15, 1356:1,
1382:1, 1388:5, 1415:9, 1420:7,
1439:1, 1474:1, 1485:25, 1496:1,
1542:1, 1549:20, 1557:1, 1559:1,
1564:5, 1564:6, 1564:7, 1564:8
examination [11] - 1302:18, 1329:22,
1421:9, 1484:12, 1485:3, 1485:7,
1485:11, 1485:13, 1515:9, 1560:20
examine [3] - 1328:19, 1487:6,
1511:15
examined [7] - 1335:13, 1415:8,
1487:12, 1495:6, 1507:22, 1516:25,
1536:12
example [15] - 1316:19, 1338:25,
1349:7, 1427:24, 1430:5, 1431:14,
1435:18, 1465:20, 1466:18, 1485:4,
1504:12, 1520:17, 1550:17, 1554:1,
1562:12
exams [1] - 1336:15
except [2] - 1315:6, 1462:11
exceptions [1] - 1498:25
exclude [1] - 1303:4
excluding [2] - 1310:17, 1310:20
excruciating [2] - 1498:14, 1562:22
```

```
excuse [10] - 1329:18, 1348:4,
1354:12, 1371:25, 1428:17, 1457:14,
1491:20, 1514:15, 1517:9, 1522:21
excused [2] - 1563:6, 1563:8
EXHIBIT [1] - 1433:19
exhibit [46] - 1310:14, 1312:12,
1315:22, 1316:3, 1318:11, 1320:6,
1321:3, 1321:5, 1322:16, 1374:23,
1376:15, 1376:25, 1377:10, 1383:18,
1384:13, 1384:14, 1386:6, 1396:1,
1397:1, 1409:17, 1409:20, 1410:3,
1412:13, 1412:14, 1413:2, 1413:9,
1416:10, 1421:7, 1423:13, 1432:11,
1448:3, 1449:12, 1449:16, 1460:17,
1461:12, 1506:6, 1506:16, 1511:12,
1513:20, 1517:25, 1524:4, 1529:1,
1533:6, 1534:13, 1534:18, 1538:3
Exhibit [102] - 1314:13, 1314:17,
1314:19, 1317:6, 1318:17, 1319:19,
1320:1, 1320:2, 1320:3, 1321:15,
1321:16, 1322:18, 1322:23, 1370:4,
1371:3, 1374:7, 1374:19, 1375:21,
1376:11, 1377:20, 1382:17, 1388:4,
1389:23, 1393:7, 1394:7, 1395:14,
1395:20, 1397:5, 1398:20, 1399:17,
1407:16, 1407:21, 1409:4, 1412:2,
1412:4, 1412:23, 1415:11, 1415:15,
1416:22, 1417:13, 1418:4, 1418:23,
1419:13, 1422:15, 1423:11, 1423:17,
1423:20, 1423:22, 1424:16, 1434:17,
1448:7, 1450:1, 1450:25, 1452:2,
1452:5, 1457:2, 1461:6, 1506:8,
1506:14, 1516:1, 1516:6, 1516:7,
1516:10, 1523:1, 1523:2, 1528:14,
1533:9, 1534:23, 1564:12, 1564:14,
1564:16, 1564:18, 1564:20, 1564:22,
1564:24, 1565:2, 1565:4, 1565:6,
1565:8, 1565:10, 1565:12, 1565:14,
1565:17, 1565:19, 1565:22, 1565:25,
1566:2, 1566:6, 1566:8, 1566:10,
1566:12, 1566:16, 1566:18, 1566:20,
1566:22, 1566:24, 1567:2, 1567:4,
1567:6, 1567:8, 1567:10, 1567:12
exhibits [9] - 1310:22, 1311:5,
1387:20, 1412:21, 1419:16, 1432:12,
1434:19, 1449:9, 1460:19
Exhibits [5] - 1419:15, 1419:23,
1424:24, 1566:4, 1566:14
exist [3] - 1328:7, 1333:17, 1340:9
exists [2] - 1321:14, 1355:23
exit [15] - 1353:4, 1353:9, 1353:15,
1357:7, 1359:20, 1359:21, 1360:6,
1360:20, 1464:11, 1464:25, 1466:3,
1466:7, 1472:16, 1475:9, 1476:1
exiting [2] - 1352:25, 1355:7
exits [9] - 1357:7, 1357:8, 1359:17,
1360:15, 1414:6, 1464:19, 1468:6,
1472:7. 1563:5
expect [5] - 1333:5, 1333:8, 1490:3,
1520:13, 1547:25
```

expectancy [1] - 1479:5 expense [1] - 1533:24 experience [10] - 1335:23, 1341:14, 1342:18, 1343:10, 1362:13, 1371:22, 1372:24, 1456:12, 1480:1, 1548:16 experienced [3] - 1373:21, 1497:23, 1562.9 **experiences** [1] - 1498:1 expert [34] - 1309:7, 1310:4, 1318:12, 1331:2, 1335:18, 1335:21, 1340:8, 1340:13, 1344:8, 1344:11, 1344:25, 1345:11, 1350:5, 1356:16, 1362:20, 1388:9, 1396:15, 1397:20, 1407:23, 1416:9, 1425:12, 1433:24, 1459:7, 1460:3, 1477:1, 1482:18, 1487:5, 1488:10, 1530:1, 1531:3, 1532:14, 1551:10, 1551:12, 1555:3 expert's [2] - 1458:22, 1459:13 experts [12] - 1306:21, 1306:25, 1327:10, 1467:19, 1487:2, 1487:3, 1493:23, 1494:11, 1502:5, 1504:3, 1531:10, 1532:17 explain [35] - 1317:8, 1317:9, 1324:3, 1324:11, 1324:12, 1335:18, 1338:8, 1338:14, 1343:17, 1356:21, 1359:10, 1359:13, 1360:7, 1360:21, 1364:15, 1385:20, 1406:6, 1425:24, 1427:4, 1428:9, 1435:5, 1435:6, 1437:14, 1439:5, 1443:10, 1458:17, 1458:21, 1466:20, 1471:11, 1492:2, 1547:19, 1555:17, 1559:21 explained [3] - 1363:20, 1417:23, 1498:15 explains [1] - 1560:20 explanation [4] - 1344:4, 1363:7, 1556:7, 1557:4 explanations [1] - 1553:19 **explanatory** [1] - 1391:4 exploration [3] - 1445:6, 1445:7, 1445:14 explored [1] - 1342:2 **explosion** [1] - 1562:8 expressing [1] - 1303:14 extend [3] - 1352:24, 1363:2, 1481:4 extending [1] - 1482:13 extension [1] - 1554:10 extension-type [1] - 1554:10 extensive [4] - 1333:6, 1336:13, 1336:18, 1351:13 extensor [1] - 1362:24 extent [17] - 1357:1, 1381:6, 1381:17, 1393:6, 1418:7, 1419:4, 1419:9, 1421:2, 1434:14, 1467:25, 1478:18, 1490:6, 1494:10, 1497:2, 1530:12, 1531:24, 1543:25 extrapolation [1] - 1545:21 extremities [1] - 1525:9 extremity [7] - 1351:20, 1364:5, 1421:11, 1523:19, 1523:23, 1525:14, 1555:24

extruded [6] - 1464:23, 1491:25, 1492:14, 1495:7, 1497:13, 1554:11 extrudes [1] - 1554:8 extrusion [8] - 1492:6, 1492:10, 1495:12, 1496:15, 1496:17, 1496:24, 1497:15, 1497:24 eye [2] - 1464:8, 1512:11 eyes [4] - 1489:9, 1512:22, 1513:15, 1532:8

F

face [2] - 1406:10, 1510:3 facet [25] - 1341:18, 1400:6, 1400:9, 1400:11, 1400:18, 1400:24, 1401:1, 1401:3, 1401:5, 1401:12, 1402:2, 1402:6, 1402:10, 1405:9, 1406:3, 1417:20, 1427:1, 1430:6, 1476:21, 1480:14, 1480:17, 1482:3, 1482:5 facets [2] - 1402:6, 1466:5 facial [1] - 1350:17 facilities [17] - 1315:4, 1315:9, 1323:19, 1325:3, 1338:19, 1346:13, 1346:16, 1347:1, 1347:3, 1348:25, 1349:11, 1372:16, 1372:22, 1389:10, 1405:12, 1457:22 facility [21] - 1307:14, 1307:15, 1308:8, 1315:5, 1323:11, 1326:8, 1327:12, 1327:16, 1328:4, 1333:8, 1339:2, 1346:14, 1351:22, 1373:10, 1412:11, 1425:13, 1435:7, 1435:9, 1435:10, 1456:13, 1482:6 fact [24] - 1305:6, 1321:9, 1338:8, 1351:24, 1352:15, 1424:2, 1432:8, 1433:15, 1486:13, 1487:16, 1489:11, 1493:20, 1495:8, 1495:19, 1504:7, 1507:5, 1507:25, 1514:10, 1517:21, 1530:3, 1533:1, 1542:17, 1555:1, 1560:22 facts [2] - 1543:17, 1544:25 fail [2] - 1364:24, 1400:22 failed [4] - 1426:24, 1427:1, 1427:2, 1520:15 Fair [3] - 1372:18, 1389:8 fair [91] - 1304:22, 1372:20, 1486:25, 1488:5, 1488:12, 1488:16, 1489:1, 1489:5, 1489:21, 1490:1, 1490:24, 1494:5, 1494:7, 1494:11, 1494:20, 1499:23, 1499:24, 1500:16, 1500:17, 1500:23, 1502:25, 1504:4, 1507:10, 1507:20, 1508:12, 1508:18, 1509:13, 1511:1, 1511:21, 1512:17, 1513:17, 1513:24, 1514:12, 1514:13, 1514:16, 1514:18, 1514:19, 1515:3, 1515:7, 1515:12, 1515:14, 1515:17, 1516:23, 1516:24, 1518:10, 1518:11, 1521:10, 1522:3, 1522:8, 1522:13, 1523:19, 1523:20, 1523:24, 1524:20, 1524:21, 1525:7, 1525:13, 1525:18, 1525:22, 1525:23, 1525:25, 1526:22, 1527:24, 1529:8, 1530:5, 1530:6, 1530:9, 1530:14, 1531:3, 1531:11, 1531:13, 1531:19, 1531:22, 1534:9, 1535:3, 1535:12, 1537:4, 1537:8, 1538:12, 1538:15, 1539:16, 1544:17, 1548:1, 1548:21, 1549:6, 1549:14, 1559:16, 1560:11, 1561:9, 1562:18 FairHealth.org [2] - 1306:18, 1309:11 fall [6] - 1489:9, 1538:18, 1538:24, 1539:3, 1539:9, 1539:16 falls [1] - 1538:21 familiar [3] - 1373:3, 1447:1, 1484:4 fantastic [1] - 1464:7 far [8] - 1322:23, 1322:25, 1341:21, 1346:13, 1380:4, 1440:13, 1470:14, 1478:25 Fardad [4] - 1335:2, 1335:7, 1335:19, FARDAD [4] - 1335:7, 1335:11, 1415:6, 1564:4 fashion [8] - 1477:10, 1494:24, 1499:13, 1519:11, 1520:8, 1550:8, 1554:7, 1554:12 faster [2] - 1490:12, 1548:12 fat [1] - 1462:2 fatalities [3] - 1498:5, 1553:11, 1561:13 fatality [2] - 1561:14, 1562:5 fault [2] - 1319:22, 1410:7 February [9] - 1396:4, 1396:13, 1470:20, 1471:21, 1538:5, 1538:8, 1542:11. 1542:13 federal [1] - 1306:12 fee [4] - 1325:3, 1325:5, 1325:23, 1438:5 fees [6] - 1327:11, 1327:20, 1412:11, 1413:19 fell [2] - 1538:7, 1539:5 fellows [1] - 1341:20 fellowship [4] - 1336:7, 1337:11, 1337:12, 1341:17 felt [1] - 1562:18 few [8] - 1316:4, 1380:21, 1404:18, 1418:11, 1477:16, 1486:6, 1491:2, 1502:4 fictitious [1] - 1334:15 field [10] - 1337:6, 1338:7, 1338:12, 1344:1, 1344:2, 1389:6, 1393:4, 1416:10, 1546:21, 1546:22 fifteen [1] - 1342:17 fifth [1] - 1535:19 fight [3] - 1311:20, 1409:21, 1498:6 figure [12] - 1351:5, 1357:3, 1358:2, 1368:21, 1369:22, 1401:9, 1401:10, 1401:13, 1424:18, 1458:5, 1485:3, 1486:17 filed [2] - 1304:25, 1333:6 film [12] - 1491:1, 1492:20, 1493:17, 1494:14, 1495:15, 1502:2, 1503:2, 1521:3, 1521:4, 1521:6, 1521:20

1394:25, 1396:22, 1427:5, 1460:2, 1460:7, 1460:12, 1476:9, 1494:16, 1495:17, 1521:5, 1549:25 final [1] - 1330:13 finally [2] - 1511:17, 1527:12 findings [17] - 1392:1, 1426:9, 1427:3, 1462:18, 1467:3, 1469:11, 1491:2, 1507:23, 1513:19, 1513:21, 1513:22, 1514:10, 1547:19, 1550:23, 1550:24, 1551:25, 1556:7 fine [14] - 1310:18, 1328:20, 1328:21, 1367:17, 1376:24, 1455:7, 1460:14, 1464:18, 1474:12, 1490:14, 1499:14, 1518:9, 1518:11, 1526:16 finish [3] - 1303:12, 1316:9, 1435:5 finished [2] - 1336:6, 1337:14 finishing [1] - 1446:13 firm [1] - 1345:5 FIRM [1] - 1300:15 first [58] - 1311:24, 1321:2, 1335:13, 1336:11, 1348:19, 1349:15, 1351:3, 1351:18, 1352:17, 1355:19, 1356:11, 1359:10, 1364:18, 1367:5, 1376:25, 1378:19, 1380:20, 1391:13, 1392:15, 1396:6, 1396:8, 1396:9, 1426:1, 1426:13, 1435:14, 1436:7, 1439:10, 1439:16, 1440:23, 1441:24, 1442:11, 1445:5, 1451:21, 1452:5, 1453:9, 1461:13, 1465:22, 1466:17, 1469:24, 1480:14, 1480:15, 1484:8, 1488:9, 1488:18, 1494:23, 1495:14, 1496:3, 1496:5, 1496:6, 1496:7, 1501:6, 1501:21, 1505:25, 1520:2, 1527:20, 1529:1, 1547:10, 1550:3 First [1] - 1356:20 first-contact [1] - 1488:18 firsthand [1] - 1535:15 five [20] - 1344:24, 1358:18, 1430:8, 1430:9, 1432:3, 1460:25, 1461:2, 1479:7, 1514:21, 1515:2, 1515:21, 1516:12, 1516:16, 1516:17, 1522:6, 1527:10, 1527:23, 1546:1, 1546:17, 1550:24 fixation [2] - 1427:16, 1430:25 fixed [1] - 1429:5 flags [1] - 1352:13 flat [1] - 1406:11 flex [1] - 1355:11 Flexeril [1] - 1525:25 flexion [1] - 1554:10 flight [1] - 1498:6 flight-and-fight [1] - 1498:6 fluid [6] - 1403:6, 1462:3, 1462:6, 1462:7, 1462:9, 1475:19 fluids [1] - 1490:8 fluoros [1] - 1443:18 **fluoroscope** [1] - 1430:2 fluoroscopy [4] - 1409:6, 1444:3, 1444:5, 1444:10

films [14] - 1394:18, 1394:19, 1394:24,

fly [2] - 1310:9, 1328:18 focal [2] - 1391:1, 1405:3 focus [2] - 1462:17, 1462:18 focusing [1] - 1364:8 fold [1] - 1479:12 folks [1] - 1319:21 follow [23] - 1362:18, 1381:19, 1433:16, 1435:18, 1436:7, 1436:10, 1436:22, 1436:24, 1436:25, 1437:4, 1446:16, 1446:21, 1446:23, 1479:15, 1481:17, 1481:19, 1482:1, 1485:9, 1512:21, 1534:24, 1535:3, 1535:10, follow-up [11] - 1436:10, 1436:22, 1446:16, 1446:23, 1479:15, 1481:17, 1481:19, 1485:9, 1534:24, 1535:3, 1535:10 follow-ups [6] - 1435:18, 1436:7, 1436:24, 1437:4, 1446:21, 1482:1 followed [1] - 1425:19 following [24] - 1331:9, 1355:24, 1366:1, 1378:1, 1379:7, 1383:25, 1384:1, 1387:24, 1401:17, 1409:1, 1419:25, 1433:11, 1438:6, 1452:15, 1453:1, 1455:11, 1459:16, 1473:10, 1495:23, 1519:13, 1541:5, 1547:13, 1556:14, 1560:3 follows [2] - 1335:14, 1415:8 food [1] - 1492:4 foot [14] - 1353:24, 1354:1, 1354:2, 1356:10, 1357:14, 1357:15, 1357:20, 1358:13, 1358:16, 1358:17, 1362:23, 1427:7 **FOR** [1] - 1300:12 foramen [6] - 1359:12, 1360:4, 1360:6, 1360:7, 1360:19, 1361:17 foramina [3] - 1353:3, 1359:11, 1359:20 foraminal [1] - 1361:25 forbid [1] - 1407:13 force [1] - 1479:24 Force [1] - 1498:20 forces [1] - 1550:7 foregoing [2] - 1536:4, 1536:5 foremost [1] - 1336:11 forensic [6] - 1339:20, 1339:22, 1339:23, 1339:24, 1340:5, 1372:14 form [3] - 1337:10, 1392:2, 1465:3 formations [1] - 1490:18 formed [2] - 1349:2, 1349:15 forming [5] - 1345:16, 1350:10, 1371:4, 1390:19, 1460:3 forms [2] - 1369:10, 1409:6 forth [3] - 1305:11, 1328:13, 1551:24 forward [6] - 1429:2, 1431:5, 1470:19, 1482:20, 1492:5, 1549:5 foundation [35] - 1306:13, 1307:13, 1309:8, 1309:15, 1310:1, 1312:16, 1312:23, 1326:8, 1326:12, 1328:25,

1386:2, 1386:5, 1386:12, 1418:7, 1419:18, 1426:22, 1509:1, 1509:14, 1527:25, 1529:13, 1536:15, 1540:3, 1542:20, 1544:21, 1561:4, 1562:2, 1562:15 Foundation [2] - 1544:4, 1562:3 four [17] - 1319:6, 1320:9, 1321:2, 1339:1, 1344:18, 1352:17, 1358:18, 1395:21, 1396:5, 1422:5, 1431:17, 1452:4, 1456:11, 1456:17, 1497:6, 1523:21, 1549:15 four-and-a-half [1] - 1431:17 four-year [1] - 1549:15 fracture [2] - 1521:22, 1555:21 frame [1] - 1375:5 frank [1] - 1491:25 Franklin [26] - 1315:15, 1323:13, 1323:14, 1323:21, 1323:24, 1324:1, 1324:5, 1324:7, 1324:20, 1325:1, 1325:6, 1325:20, 1328:14, 1330:9, 1333:15, 1333:16, 1346:11, 1346:14, 1346:17, 1346:18, 1347:16, 1348:3, 1349:18, 1449:1, 1450:8 frankly [2] - 1319:12, 1381:21 freely [1] - 1306:16 Freeman [2] - 1337:15, 1337:22 freeway [1] - 1357:7 frequency [4] - 1341:18, 1404:22, 1404:25, 1405:2 frequent [1] - 1303:22 Friday [1] - 1303:24 front [28] - 1308:2, 1312:15, 1320:4, 1345:18, 1355:13, 1358:11, 1358:16, 1370:18, 1370:20, 1409:19, 1409:21, 1410:19, 1427:17, 1429:14, 1430:21, 1466:24, 1467:5, 1467:6, 1473:7, 1473:8, 1484:19, 1490:19, 1491:4, 1491:14, 1491:15, 1511:17, 1522:5, 1559:12 frontal [4] - 1358:18, 1358:21, 1430:19, 1430:21 frustrated [1] - 1319:23 full [4] - 1315:3, 1525:7, 1532:19, 1534:5 Full [1] - 1524:22 fully [3] - 1323:15, 1333:8, 1345:17 function [1] - 1360:25 functions [1] - 1360:25 funding [1] - 1321:4 funneled [1] - 1323:16 fuse [3] - 1479:18, 1479:23, 1480:3 fused [1] - 1427:19 fusion [12] - 1324:22, 1437:18, 1443:24, 1479:8, 1479:25, 1480:14, 1482:12, 1547:1, 1548:9, 1548:15, 1548:17 future [15] - 1306:15, 1345:12, 1345:13, 1478:12, 1478:14, 1478:15, 1479:4, 1479:11, 1481:6, 1483:20,

1385:16, 1385:17, 1385:18, 1385:25,

1329:25, 1334:8, 1373:14, 1385:11,

_Bauta v. Greyhound Lines, et al ___

1545:19, 1546:15, 1549:13, 1559:5

G

gait [4] - 1526:15, 1526:20, 1526:22, 1544:16 games [1] - 1312:14 gears [1] - 1457:4 general [10] - 1336:5, 1363:7, 1402:15, 1405:24, 1416:6, 1450:12, 1490:22, 1496:5, 1498:25, 1540:19 generalization [1] - 1494:6 generally [23] - 1329:24, 1338:12, 1348:23, 1348:24, 1349:3, 1363:14, 1400:23, 1402:10, 1405:23, 1406:24, 1434:19, 1460:19, 1476:3, 1479:25, 1483:15, 1489:18, 1491:9, 1492:4, 1498:13, 1499:1, 1499:7, 1547:23, generated [4] - 1361:8, 1390:12,

1396:2, 1434:20 genetic [1] - 1490:11 gentleman [2] - 1351:8, 1385:3 gentlemen [3] - 1390:9, 1414:4,

Geraldine [2] - 1382:6, 1394:13 Gessner [1] - 1516:21

given [11] - 1307:1, 1308:22, 1312:11, 1312:14, 1326:9, 1402:5, 1447:23, 1485:16, 1531:15, 1550:9

Glasgow [3] - 1511:8, 1511:10, 1513:2

Glen [1] - 1415:25 Glenn [1] - 1420:21

GLI[7] - 1320:6, 1320:13, 1322:10, 1325:11, 1326:18, 1506:7, 1506:16

global [1] - 1438:5 God [1] - 1407:13

GOGGIN [1] - 1301:9 gold [1] - 1430:24

gonna [1] - 1499:14

gotta [1] - 1454:17

grade [1] - 1354:16

graft [5] - 1326:5, 1427:20, 1437:17,

1437:23, 1443:20

grafts [2] - 1431:3, 1437:20

grand [2] - 1327:20, 1332:4

Grand [2] - 1300:22, 1528:15 grant [2] - 1302:7, 1303:17

grapevine [1] - 1303:10

graph [1] - 1326:6

gray/white [1] - 1521:19

great [4] - 1304:2, 1372:4, 1464:7,

1500:6

greater [1] - 1546:14

Greater [2] - 1347:21, 1421:24

grenades [1] - 1332:7

Greyhound [4] - 1301:4, 1301:10,

1319:19, 1340:2

GREYHOUND [1] - 1300:7

ground [1] - 1336:1

group [9] - 1307:19, 1337:17, 1337:19, 1338:9, 1345:25, 1425:6, 1426:7, 1536:25, 1550:20

grow [1] - 1431:1

Guardian [1] - 1343:22

Gubica [4] - 1301:4, 1301:11, 1301:11

GUBICA [2] - 1300:8

guess [6] - 1330:16, 1334:19, 1447:14,

1537:9, 1542:25, 1543:5

guidance [1] - 1402:9

guide [1] - 1306:17 quidelines [1] - 1440:9

guts [3] - 1492:6, 1492:9, 1492:10

Gutstein [10] - 1309:17, 1309:24, 1346:5, 1420:24, 1421:8, 1421:9,

1421:20, 1423:2, 1423:12, 1527:21

Gutstein's [1] - 1423:15 guy [2] - 1318:13, 1369:9

guys [4] - 1319:22, 1378:19, 1387:3, 1454:17

Н

Hal [1] - 1527:21

half [8] - 1388:22, 1388:24, 1389:1, 1389:2, 1431:17, 1445:2, 1503:10,

1548:14

hallucis [1] - 1362:24

hand [29] - 1330:11, 1332:6, 1335:3, 1338:21, 1359:21, 1359:22, 1360:19, 1404:1, 1404:2, 1404:4, 1404:5, 1428:11, 1461:21, 1463:10, 1464:6, 1464:15, 1470:24, 1472:16, 1474:7, 1474:9, 1474:16, 1475:2, 1475:10, 1475:14, 1475:15, 1475:16, 1475:23,

1485:13, 1553:8

handed [2] - 1310:12, 1310:25

handle [1] - 1376:22

handling [1] - 1443:23

hands [4] - 1330:11, 1428:10, 1430:9, 1532:8

hands-on [1] - 1532:8

handwritten [2] - 1387:17, 1392:3

hanging [1] - 1470:11

hard [5] - 1319:24, 1350:3, 1370:17,

1371:3, 1517:6

HAROLD [1] - 1301:13

hash [1] - 1318:6

hashed [1] - 1318:9

head [6] - 1315:23, 1350:18, 1395:5,

1508:18, 1509:8, 1562:6 headache [3] - 1508:16, 1509:8,

headaches [1] - 1403:7

heads [1] - 1432:7 heal [1] - 1431:3

healed [1] - 1437:21

Health [14] - 1320:22, 1320:24, 1324:2,

1324:23, 1325:19, 1325:21, 1328:9, 1328:15, 1333:14, 1333:17, 1372:18,

Healthcare [1] - 1309:12

healthcare [4] - 1501:20, 1516:17, 1522:7. 1527:2

hear [4] - 1302:21, 1303:10, 1324:13, 1410:15

heard [15] - 1306:14, 1309:19,

1354:20, 1359:12, 1363:7, 1368:17, 1402:12, 1406:24, 1441:2, 1478:5,

1486:7, 1489:11, 1498:17, 1502:3, 1517:13

hearing [17] - 1328:20, 1331:6,

1332:20, 1332:23, 1333:5, 1334:7,

1365:17, 1366:1, 1368:2, 1377:23, 1378:1, 1383:24, 1384:2, 1408:20,

1409:2, 1452:13, 1453:2

hearings [1] - 1368:22

heavy [1] - 1431:21

heel [4] - 1356:4, 1356:5, 1356:8,

1356:11

heels [1] - 1356:6

height [9] - 1466:19, 1466:23,

1466:24, 1466:25, 1467:17, 1467:22,

1468:22, 1496:24

held [9] - 1342:16, 1365:17, 1366:1, 1377:23, 1378:1, 1383:24, 1408:20,

1428:7, 1452:13

help [12] - 1319:25, 1354:5, 1354:6, 1403:10, 1403:18, 1482:21, 1500:5,

1542:17, 1542:18, 1544:8, 1555:1, 1561:16

helped [3] - 1401:5, 1426:19, 1514:24

helpful [2] - 1461:22, 1544:18

helps [1] - 1482:23

hematology [1] - 1325:7

hematoma [1] - 1445:17

hence [4] - 1479:14, 1547:2, 1557:13,

1559:22

herniated [17] - 1463:2, 1463:15,

1464:22, 1467:14, 1468:21, 1469:6, 1469:14, 1469:15, 1470:9, 1470:12,

1471:1, 1471:8, 1476:10, 1489:12,

1496:18, 1497:17, 1503:20

herniates [1] - 1500:2

herniation [54] - 1351:23, 1351:25,

1352:5, 1354:20, 1361:22, 1391:8, 1463:2, 1463:18, 1467:24, 1469:2,

1469:17, 1470:14, 1470:25, 1471:5,

1471:13, 1471:14, 1471:17, 1471:19,

1472:2, 1476:16, 1489:17, 1492:1,

1492:8, 1492:19, 1494:20, 1494:24,

1495:8, 1496:14, 1497:2, 1497:3,

1497:12, 1497:20, 1497:24, 1498:3,

1498:8, 1498:13, 1498:21, 1498:23, 1499:3, 1499:9, 1499:18, 1500:7,

1500:11, 1502:5, 1503:8, 1504:7, 1505:8, 1505:13, 1519:2, 1519:6,

1520:7, 1520:24, 1562:21

herniations [5] - 1337:1, 1391:5, 1403:24, 1476:23, 1498:18 high [5] - 1307:10, 1430:8, 1497:13, 1532:22, 1532:25 higher [5] - 1441:17, 1458:14, 1464:18, 1498:2, 1534:1 highest [3] - 1512:2, 1512:13, 1534:7 highlight [6] - 1507:25, 1513:20, 1518:13, 1518:14, 1535:18, 1535:25 highlighting [1] - 1378:7 highlights [5] - 1386:20, 1386:21, 1387:6, 1387:12, 1387:16 highly [3] - 1305:2, 1405:20, 1557:10 highway [1] - 1357:8 Hills [3] - 1318:13, 1337:20, 1339:6 himself [2] - 1326:10, 1562:7 hint [1] - 1463:9 hip [1] - 1355:11 hired [2] - 1306:20, 1487:19 historian [1] - 1560:5 histories [1] - 1477:14 history [15] - 1469:8, 1476:14, 1477:8, 1477:11, 1507:9, 1507:16, 1507:25, 1508:3, 1509:19, 1523:9, 1524:5, 1525:21, 1530:3, 1530:10, 1530:12 hit [6] - 1407:12, 1428:5, 1429:18, 1429:19, 1430:12, 1430:20 hitting [2] - 1508:18, 1509:8 hold [9] - 1320:12, 1325:12, 1334:1, 1427:18, 1432:6, 1474:20, 1485:17, 1506:21 holding [1] - 1428:11 hole [1] - 1436:6 Holland [1] - 1403:1 honest [1] - 1530:10 Honor [92] - 1302:10, 1303:21, 1304:25, 1306:7, 1310:6, 1313:4, 1313:23, 1314:2, 1314:12, 1315:2, 1315:20, 1316:16, 1318:2, 1318:16, 1318:25, 1319:2, 1319:12, 1320:2, 1321:17, 1322:6, 1322:9, 1322:17, 1324:7, 1324:16, 1325:10, 1325:25, 1333:25, 1334:11, 1335:1, 1344:7, 1344:10, 1346:5, 1354:12, 1369:10, 1370:5, 1370:8, 1374:8, 1375:12, 1376:12, 1376:20, 1378:17, 1380:13, 1381:7, 1381:9, 1382:13, 1387:21, 1389:21, 1397:6, 1408:10, 1409:13, 1412:19, 1413:21, 1418:21, 1419:19, 1420:5, 1422:11, 1428:18, 1432:10, 1432:13, 1432:23, 1434:6, 1434:10, 1448:4, 1449:9, 1449:15, 1450:22, 1452:7, 1452:11, 1454:25, 1470:19, 1476:6, 1483:17, 1485:20, 1485:22, 1506:5, 1506:9, 1511:20, 1515:25, 1517:11, 1522:21, 1528:4, 1528:7, 1528:19, 1534:14, 1537:11, 1545:5, 1545:11, 1549:16, 1551:6, 1554:18, 1555:13, 1558:24 honor [1] - 1343:19

HONORABLE [1] - 1300:12 Honorable [1] - 1302:2 honors [1] - 1336:4 hopefully [2] - 1459:12, 1479:9 horseshoes [1] - 1332:6 Hospital [42] - 1315:15, 1323:13, 1323:22, 1323:24, 1324:5, 1324:20, 1325:1, 1325:6, 1325:20, 1330:9, 1333:15, 1333:16, 1337:15, 1337:22, 1342:13, 1342:14, 1346:12, 1346:14, 1346:15, 1346:17, 1346:20, 1347:16, 1348:3, 1348:8, 1348:11, 1349:18, 1350:16, 1365:3, 1365:4, 1371:17, 1449:1, 1450:8, 1477:9, 1484:7, 1495:4, 1515:19, 1516:11, 1522:20, 1553:17, 1553:18 hospital [33] - 1323:19, 1325:3, 1327:12, 1327:17, 1327:18, 1327:19, 1327:21, 1328:4, 1337:15, 1341:2, 1342:10, 1342:23, 1342:25, 1343:11, 1346:18, 1346:19, 1348:1, 1349:20, 1372:16, 1372:21, 1373:6, 1375:1, 1405:10, 1405:13, 1435:10, 1448:25, 1449:14, 1449:19, 1450:4, 1500:25, 1523:6, 1556:8 Hospital's [2] - 1323:14, 1324:1 hospitalization [2] - 1450:13, 1450:16 hospitalized [1] - 1435:2 hospitals [8] - 1340:24, 1342:8, 1342:12, 1348:25, 1349:4, 1457:22, 1459:10, 1484:5 hour [2] - 1367:18, 1444:9 hours [9] - 1488:7, 1500:3, 1502:4, 1515:21, 1516:12, 1516:13, 1516:18, 1523:6, 1561:1 house [1] - 1343:1 housekeeping [1] - 1451:2 hundred [2] - 1317:14, 1317:16 hundreds [1] - 1372:14 hurt [3] - 1303:4, 1501:22, 1519:3 hurting [2] - 1352:11, 1353:16 hurts [3] - 1501:7, 1501:9, 1514:8 hydrated [1] - 1467:17 hydration [3] - 1466:20, 1466:23,

П

hypercapnic [1] - 1406:21

1467:22

ibuprofen [1] - 1373:16 ice [7] - 1360:9, 1462:14, 1462:15, 1538:7, 1538:24, 1539:5, 1539:10 ID [20] - 1310:15, 1370:3, 1371:15, 1374:21, 1375:23, 1382:4, 1390:21, 1391:17, 1392:15, 1394:10, 1398:5, 1416:15, 1417:15, 1420:9, 1422:20, 1422:25, 1423:17, 1423:22, 1432:12, 1450:6 idea [14] - 1304:19, 1304:23, 1335:23,

ideas [1] - 1354:6 identical [1] - 1399:6 identification [25] - 1371:4, 1376:15, 1380:9, 1390:1, 1395:23, 1397:10, 1398:24, 1399:20, 1407:16, 1412:6, 1412:25, 1415:12, 1415:23, 1418:24, 1420:12, 1422:23, 1424:8, 1433:20, 1434:18, 1435:14, 1447:25, 1450:21, 1451:19, 1456:5, 1481:11 identified [4] - 1345:22, 1393:7, 1492:19, 1555:6 identify [16] - 1374:23, 1376:16, 1380:17, 1382:3, 1382:20, 1390:3, 1393:16, 1398:6, 1398:24, 1399:21, 1412:8, 1415:23, 1416:15, 1417:15, 1423:22, 1461:13 Ifran [1] - 1413:5 illness [3] - 1508:1, 1508:3, 1509:20 image [34] - 1336:23, 1337:2, 1463:10, 1463:18, 1464:15, 1465:2, 1465:23, 1466:16, 1470:20, 1470:22, 1470:23, 1470:25, 1471:2, 1471:3, 1471:21, 1471:24, 1472:1, 1472:9, 1472:13, 1472:16, 1472:18, 1472:25, 1474:5, 1474:7, 1474:14, 1475:22, 1497:18, 1497:20, 1503:14, 1505:5, 1505:15, 1505:19 image-oriented [1] - 1336:23 images [12] - 1396:6, 1463:23, 1471:22, 1471:23, 1472:17, 1503:13, 1504:15, 1505:7, 1505:11, 1505:17, 1544:13 imagine [6] - 1311:16, 1359:14, 1402:25, 1492:4, 1553:24, 1554:3 imaging [10] - 1338:18, 1345:10, 1357:18, 1395:1, 1459:9, 1470:14, 1476:14, 1481:20, 1482:2, 1482:11 Imaging [2] - 1396:2, 1475:17 immediate [1] - 1497:24 immediately [4] - 1324:18, 1359:20, 1365:12, 1484:21 immunity [1] - 1373:15 immunization [1] - 1371:18 immunology [1] - 1325:7 impact [6] - 1505:13, 1540:1, 1540:8, 1555:3, 1559:7, 1561:1 impingement [3] - 1353:15, 1362:4, impingment [1] - 1493:10 implants [2] - 1325:8, 1326:5 implement [1] - 1442:8 implies [1] - 1400:12 implying [1] - 1550:16 importance [1] - 1357:23 important [15] - 1317:4, 1333:12,

1336:22, 1350:6, 1357:2, 1406:16,

1510:10, 1513:2, 1530:1, 1530:4,

1406:22, 1469:13, 1470:13, 1492:3,

1344:16, 1345:20, 1382:25, 1390:8, 1394:25, 1396:7, 1552:23

1339:11, 1340:16, 1341:13, 1342:10,

```
1530:9
importantly [2] - 1479:18, 1544:12
impossible [1] - 1562:22
impression [1] - 1394:17
impressions [1] - 1397:16
improved [1] - 1542:22
in-house [1] - 1343:1
in-residency [1] - 1341:16
inaccuracies [1] - 1313:10
Inc [2] - 1301:4, 1301:10
INC [1] - 1300:7
incident [10] - 1345:8, 1351:11,
1351:19, 1352:18, 1355:19, 1375:3,
1396:10, 1495:10, 1495:13, 1550:5
incision [2] - 1430:6, 1446:1
incisions [1] - 1337:7
include [6] - 1345:24, 1390:5,
1399:23, 1413:16, 1413:18, 1482:1
included [16] - 1325:24, 1347:11,
1347:14, 1347:18, 1347:22, 1348:1,
1348:15, 1349:19, 1349:21, 1371:17,
1390:24, 1427:14, 1445:6, 1453:14,
1482:16, 1482:17
includes [10] - 1374:25, 1375:1,
1382:22, 1383:4, 1396:3, 1397:15,
1399:25, 1418:12, 1419:2, 1481:19
including [9] - 1322:6, 1329:13,
1350:23, 1351:14, 1376:17, 1392:22,
1395:1, 1406:3, 1426:16
inclusive [1] - 1482:5
inconsistency [1] - 1526:23
incorporate [1] - 1551:24
incorporated [1] - 1552:5
increased [7] - 1463:16, 1469:13,
1470:8, 1470:12, 1480:1, 1503:4,
1525:12
increases [1] - 1328:24
independent [4] - 1368:17, 1368:20,
1493:3, 1554:20
indicate [7] - 1351:9, 1402:7, 1416:7,
1429:10, 1471:7, 1533:15, 1542:24
indicated [9] - 1422:3, 1453:13,
1456:17, 1465:4, 1465:11, 1478:20,
1478:24, 1531:20, 1537:1
indicates [5] - 1320:7, 1529:2,
1539:14, 1546:4, 1549:12
indicating [4] - 1320:6, 1363:9,
1453:17, 1511:7
indicating) [1] - 1492:11
indication [2] - 1358:22, 1477:24
indirectly [2] - 1445:21, 1445:23
individual [25] - 1318:11, 1368:12,
1393:21, 1396:21, 1396:23, 1402:16,
1406:17, 1406:18, 1436:12, 1449:21,
1449:22, 1450:11, 1458:6, 1498:1,
1498:12, 1498:23, 1545:24, 1548:3,
1548:4, 1548:5, 1548:15, 1554:20,
1559:24, 1560:18, 1562:11
individually [1] - 1460:20
individuals [8] - 1339:15, 1349:4,
```

```
1363:2, 1405:22, 1498:2, 1548:17,
1555:23, 1560:19
industry [1] - 1439:22
infection [1] - 1373:25
inflamed [1] - 1480:15
inflammation [2] - 1403:22, 1499:25
inflammatories [3] - 1481:22, 1500:4,
1557:14
inflammatory [4] - 1500:2, 1557:7,
1557:10, 1557:12
inflated [7] - 1305:2, 1305:14,
1305:15, 1306:9, 1309:4, 1309:14,
1309:25
inflating [1] - 1305:17
inflation [1] - 1329:1
info [1] - 1529:6
information [14] - 1361:1, 1361:2,
1459:10, 1479:20, 1479:22, 1510:11,
1510:13, 1529:5, 1530:14, 1535:6,
1536:6, 1540:21, 1542:14, 1545:1
infused [2] - 1326:5, 1326:6
initial [8] - 1351:3, 1368:14, 1369:10,
1436:21, 1442:14, 1445:20, 1513:21,
1548:21
injection [3] - 1342:6, 1392:23,
1413:19
injections [9] - 1341:18, 1341:24,
1349:10, 1412:9, 1417:20, 1417:21,
1426:25, 1456:10, 1480:17
injured [5] - 1302:19, 1302:24.
1476:22, 1553:12, 1559:25
injuries [25] - 1302:19, 1339:15,
1351:6, 1371:11, 1376:3, 1381:1,
1383:15, 1393:9, 1394:21, 1407:23,
1416:11, 1434:1, 1445:18, 1456:22,
1457:9, 1457:11, 1457:23, 1459:4,
1476:17, 1476:25, 1499:12, 1520:15,
1539:4, 1555:24, 1555:25
injury [17] - 1310:20, 1350:14,
1350:18, 1352:10, 1364:20, 1476:18,
1478:1, 1489:22, 1495:12, 1499:16,
1499:17, 1513:1, 1521:10, 1552:23,
1553:6, 1555:17, 1557:15
inn [1] - 1477:22
inner[1] - 1466:22
inquire [1] - 1335:9
inquired [2] - 1507:9, 1507:16
insensate [1] - 1402:16
insert [1] - 1442:23
inside [4] - 1339:25, 1407:13, 1464:10,
1467:14
instance [11] - 1306:16, 1309:11,
1309:24, 1310:21, 1314:14, 1340:14,
1359:12, 1364:9, 1368:21, 1404:16,
1435:19
instances [1] - 1364:19
instantaneously [1] - 1499:10
instead [6] - 1402:15, 1404:20,
1442:6, 1442:19, 1551:8, 1551:17
```

1440:18, 1441:19, 1442:8, 1442:24, 1443:2, 1446:5 instruments [2] - 1430:24, 1474:22 insurance [13] - 1304:16, 1320:7, 1320:14, 1323:5, 1323:12, 1324:18, 1326:10, 1326:18, 1326:21, 1328:8, 1330:7, 1333:9, 1333:16 intend [4] - 1310:25, 1433:2, 1449:18, 1460:20 intended [2] - 1318:8, 1533:19 interact [2] - 1341:11, 1343:3 interconnect [1] - 1427:18 intercranial [1] - 1521:10 interdigitate [1] - 1357:1 interest [2] - 1341:4, 1341:6 interesting [1] - 1462:18 interfaces [1] - 1354:25 intermittently [1] - 1388:21 internal [6] - 1314:10, 1390:25, 1443:4, 1443:6, 1443:7, 1475:24 interpret [1] - 1336:20 interrupting [2] - 1517:13, 1517:15 interstate [1] - 1517:8 interval [2] - 1471:5, 1472:5 intervening [1] - 1413:15 intervention [1] - 1336:17 interventions [1] - 1426:13 intervertebral [1] - 1391:7 intradiscal [1] - 1480:2 intrasurgical [1] - 1444:4 introduce [1] - 1335:17 invasive [7] - 1342:6, 1364:21, 1364:22, 1407:7, 1407:11, 1407:15, 1426:24 invoice [3] - 1316:15, 1324:19, 1421:23 invoices [1] - 1486:14 involve [2] - 1501:10, 1558:14 involved [10] - 1343:24, 1406:7, 1417:17, 1459:8, 1476:15, 1500:9, 1516:22, 1517:7, 1558:15, 1559:24 involvement [1] - 1532:11 involves [1] - 1358:13 Irfan [2] - 1315:7, 1453:21 iron [1] - 1312:15 irrelevant [1] - 1558:3 irrigation [1] - 1446:3 irritation [1] - 1557:12 Island [1] - 1333:15 issue [34] - 1302:5, 1304:1, 1304:3, 1304:7, 1306:2, 1307:21, 1307:23, 1309:3, 1309:5, 1309:18, 1310:3, 1311:24, 1313:4, 1313:19, 1324:3, 1330:6, 1331:2, 1334:19, 1334:20, 1340:5, 1367:22, 1381:20, 1386:19, 1451:18, 1453:6, 1453:18, 1485:14, 1491:7, 1498:5, 1504:18, 1508:25, 1553:8, 1561:7, 1562:8 issued [2] - 1453:14, 1552:18 issues [14] - 1302:3, 1304:16,

instrumentation [7] - 1440:14,

_Bauta v. Greyhound Lines, et al ___

juries [1] - 1306:18

1305:22, 1309:23, 1310:10, 1330:2, 1376:8, 1381:11, 1384:3, 1412:20, 1484:6, 1500:15, 1503:2, 1505:22 issuing [2] - 1488:8, 1488:9 IT [1] - 1545:9 item [7] - 1329:15, 1329:16, 1441:8, 1441:10, 1441:24, 1446:1, 1486:11 itemized [13] - 1327:4, 1328:12, 1371:16, 1376:17, 1382:5, 1393:17, 1399:1, 1412:9, 1416:17, 1423:14, 1423:25, 1450:8, 1452:5 itemizes [1] - 1327:8 items [6] - 1312:4, 1442:9, 1478:20, 1481:12, 1482:16, 1514:21 itself [15] - 1337:1, 1337:2, 1360:20,

1391:1, 1403:25, 1406:8, 1407:14,

1410:3, 1429:13, 1429:19, 1442:25,

1443:22, 1456:21, 1475:18, 1534:4

Jacob [2] - 1394:17, 1398:10 Jacobowitz [1] - 1523:4 **JAMIE** [1] - 1300:19 January [4] - 1383:10, 1413:7, 1446:18, 1534:24 jar [1] - 1330:11 jelly [8] - 1553:25, 1554:2, 1554:3, 1554:5, 1554:6, 1554:8, 1554:11 Jewish [1] - 1333:15 Joan [1] - 1406:11 job [3] - 1317:13, 1317:14 jobs [1] - 1336:10 John's [1] - 1342:15 join [1] - 1337:16 joint [9] - 1338:21, 1400:12, 1400:13, 1400:14, 1400:15, 1401:4, 1401:12, 1402:9, 1402:10 Joint [1] - 1386:3 joints [5] - 1352:11, 1401:10, 1430:6, 1476:21, 1480:14 **JONATHAN** [1] - 1300:23 **JOSE** [1] - 1300:3 Jose [5] - 1300:16, 1300:21, 1405:25, 1535:22, 1537:7 Jr[1] - 1302:2 judge [5] - 1316:25, 1319:14, 1395:18, 1511:14, 1556:2 **JUDGE** [1] - 1300:13 Judge [12] - 1302:25, 1306:21,

1317:15, 1322:20, 1323:6, 1327:6,

1370:2, 1385:19, 1387:10, 1436:1,

June [18] - 1322:12, 1349:22, 1416:4,

1424:6, 1425:20, 1435:2, 1445:3,

1445:5, 1445:6, 1445:11, 1450:10,

1474:8, 1474:18, 1533:1, 1542:9,

1460:18, 1481:9

jugular [1] - 1525:1

July [1] - 1446:18

1542:25, 1543:3

jurors [4] - 1350:12, 1388:1, 1402:12, 1456:1 Jury [6] - 1334:23, 1414:6, 1415:3, 1468:6, 1468:8, 1563:5 jury [98] - 1302:1, 1302:17, 1308:7, 1309:6, 1312:15, 1313:14, 1316:20, 1318:9, 1334:3, 1334:10, 1334:21, 1335:18, 1335:23, 1336:9, 1339:11, 1340:16, 1341:13, 1342:10, 1342:21, 1344:4, 1344:16, 1345:20, 1350:9, 1356:4, 1358:5, 1358:25, 1363:8, 1363:21, 1365:17, 1366:2, 1368:11, 1368:15, 1372:9, 1374:1, 1374:15, 1376:16, 1377:15, 1377:23, 1378:2, 1382:11, 1382:25, 1383:24, 1384:2, 1387:5, 1387:13, 1388:13, 1388:18, 1389:17, 1390:8, 1394:11, 1394:24, 1395:25, 1396:7, 1396:21, 1397:12, 1397:17, 1398:25, 1408:20, 1409:2, 1409:25, 1410:15, 1412:12, 1413:12, 1417:5, 1417:23, 1424:8, 1425:12, 1425:24, 1428:9, 1435:6, 1436:22, 1437:15, 1439:5, 1440:14, 1441:2, 1450:7, 1450:16, 1452:13, 1453:2, 1455:4, 1456:8, 1457:6, 1458:5, 1458:7, 1458:17, 1468:14, 1477:10, 1479:2, 1481:12, 1485:16, 1486:7, 1492:3, 1506:13, 1517:4, 1534:15, 1538:23, 1552:23, 1554:15 JURY [2] - 1300:12, 1300:13 JVD [1] - 1524:24

K

Kansas [1] - 1300:23

KAROLY [1] - 1300:8

Karoly [2] - 1301:4, 1301:11 keep [7] - 1305:11, 1383:13, 1397:8, 1483:13, 1512:25, 1517:15, 1547:5 keeps [1] - 1517:13 Kelley [1] - 1516:21 Kelly [1] - 1507:2 kept [1] - 1409:5 kids [1] - 1401:2 KIEFFER [1] - 1300:23 kind [16] - 1304:19, 1335:18, 1339:11, 1351:6, 1356:9, 1383:1, 1386:24, 1390:8, 1390:16, 1400:21, 1478:6, 1478:7, 1484:12, 1492:12, 1492:13, 1553:5 knee [9] - 1352:24, 1390:25, 1391:1, 1392:3, 1395:2, 1521:7, 1538:12, 1538:14 knees [1] - 1543:7 knocking [1] - 1404:2 knowing [1] - 1336:11 knowledge [5] - 1390:16, 1425:22, 1494:16, 1510:4, 1536:6 known [1] - 1449:1

knows [2] - 1454:11 Kolb [2] - 1346:6, 1346:8

L

.21

L.A [1] - 1531:5 L1 [3] - 1354:19, 1363:25, 1364:1 L2/3 [1] - 1391:7 L3 [2] - 1358:20, 1358:21 **L3-4** [3] - 1546:11, 1548:7, 1548:8 L3/4 [1] - 1391:7 **L4** [13] - 1353:9, 1354:24, 1357:14, 1358:14, 1358:15, 1359:3, 1427:15, 1441:12, 1467:16, 1472:23, 1474:11, **L4/5** [8] - 1354:20, 1354:24, 1391:7, 1439:8, 1463:7, 1465:25, 1467:24, 1468:17 **L5** [15] - 1353:9, 1354:20, 1354:25, 1355:1, 1357:13, 1358:10, 1358:11, 1359:3, 1432:1, 1441:12, 1468:23, 1472:22, 1474:8, 1474:11, 1474:19 **L5-S1** [6] - 1361:23, 1427:15, 1495:12, 1546:9, 1550:2, 1550:5 **L5/S1** [15] - 1354:21, 1355:3, 1391:8, 1439:9, 1462:12, 1463:24, 1466:6, 1466:23, 1467:24, 1468:13, 1468:19, 1470:3, 1471:1, 1496:20, 1497:17 **LA**[1] - 1513:5 lab [1] - 1325:7 laboratories [1] - 1325:9 laceration [1] - 1350:17 lack [3] - 1472:19, 1478:4, 1540:3 lacks [2] - 1309:15, 1561:4 ladies [2] - 1414:4, 1563:2 lady [1] - 1402:12 laid [3] - 1313:13, 1329:15, 1532:8 lamina [1] - 1443:13 laminate [2] - 1441:12, 1441:13 laminectomize [1] - 1441:12 laminectomy [12] - 1427:15, 1441:1, 1441:11, 1441:19, 1441:20, 1442:11, 1442:12, 1442:14, 1442:17, 1472:21, laminotomy [2] - 1445:8, 1445:10 landscape [3] - 1549:3, 1549:22, 1549:23 large [17] - 1351:25, 1353:11, 1353:14, 1361:22, 1391:7, 1403:24, 1431:19, 1449:22, 1471:2, 1471:13, 1471:14, 1471:19, 1498:8, 1505:8, 1505:13, 1519:6, 1554:9 last [39] - 1305:19, 1310:12, 1310:23, 1344:18, 1353:8, 1354:25, 1355:2, 1362:19, 1383:9, 1388:19, 1391:6, 1396:11, 1396:12, 1409:9, 1416:4, 1421:23, 1434:22, 1446:13, 1446:16,

1447:14, 1448:11, 1451:18, 1462:12,

1483:23, 1485:15, 1492:12, 1502:4,

1536:1, 1537:11, 1540:24, 1542:9,

```
1542:10, 1548:13, 1549:9, 1558:6,
1558:11, 1558:12
Last [1] - 1474:23
lasted [1] - 1404:18
late [1] - 1426:1
lateral [18] - 1358:7, 1358:11, 1358:18,
1359:8, 1359:11, 1359:24, 1360:1,
1360:2, 1360:4, 1360:5, 1360:17,
1361:12, 1361:16, 1361:23, 1430:19,
1465:4, 1471:25, 1555:22
laterally [1] - 1430:13
Latosek [1] - 1507:2
Lattuga [21] - 1345:24, 1425:10,
1425:18, 1425:22, 1531:18, 1533:4,
1533:16, 1535:6, 1535:11, 1535:20,
1536:3, 1536:9, 1536:20, 1537:3,
1537:15, 1537:20, 1550:17, 1551:3,
1551:15, 1552:4, 1552:18
Lattuga's [7] - 1532:10, 1533:10,
1534:15, 1535:3, 1535:20, 1551:21,
1552:13
laundry [2] - 1540:25, 1543:14
law [5] - 1330:24, 1332:15, 1332:18,
1333:7, 1554:23
LAW [1] - 1300:15
lawyer [3] - 1308:9, 1527:24, 1555:1
lawyers [2] - 1345:5, 1486:5
lay [5] - 1312:23, 1329:25, 1334:8,
1386:5, 1386:12
layer [1] - 1437:22
lead [4] - 1396:20, 1503:3, 1514:24,
1535:6
leading [3] - 1552:7, 1555:14, 1556:10
leak [1] - 1403:6
least [16] - 1388:18, 1391:6, 1421:23,
1435:19, 1449:6, 1451:19, 1459:2,
1466:2, 1474:23, 1481:18, 1500:22,
1511:15, 1515:22, 1540:23, 1544:13,
1550:24
leave [4] - 1355:15, 1359:6, 1395:12,
1553:15
Lebowitz [2] - 1347:10, 1347:20
led [2] - 1495:20, 1548:20
left [32] - 1359:22, 1360:19, 1363:12,
1391:3, 1415:11, 1424:2, 1432:1,
1463:10, 1463:25, 1464:15, 1465:24,
1466:9, 1470:24, 1472:16, 1474:7,
1474:9, 1474:10, 1475:2, 1475:10,
1475:14, 1475:15, 1491:13, 1508:6,
1508:8, 1508:11, 1513:6, 1520:18,
1525:25, 1529:5, 1538:12, 1538:14
Left [1] - 1529:6
left-hand [8] - 1359:22, 1360:19,
1463:10, 1464:15, 1472:16, 1474:9,
1475:10, 1475:15
left-sided [1] - 1363:12
leg [52] - 1350:17, 1351:10, 1352:12,
1352:19, 1352:20, 1352:23, 1353:13,
1353:17, 1353:22, 1353:23, 1353:24,
1354:4, 1355:5, 1355:9, 1355:10,
```

```
1355:11, 1355:12, 1355:14, 1355:21,
1356:13, 1358:7, 1358:15, 1362:11,
1363:2, 1363:12, 1391:1, 1391:3,
1391:25, 1403:10, 1403:18, 1404:10,
1404:11, 1405:5, 1426:10, 1426:20,
1470:17, 1483:13, 1500:6, 1508:6,
1508:8, 1539:8, 1553:9, 1554:12,
1554:17, 1554:21, 1555:20, 1556:8,
1556:13, 1557:13, 1560:23, 1561:9
legal [4] - 1309:5, 1321:4, 1340:5,
legs [12] - 1352:22, 1402:18, 1465:1,
1466:15, 1500:5, 1513:6, 1520:18,
1520:24, 1521:2, 1523:24, 1539:15,
length [5] - 1388:10, 1389:16, 1431:9,
1431:11, 1431:15
lengths [2] - 1429:8, 1431:13
lesions [1] - 1336:25
less [15] - 1339:24, 1342:5, 1364:20,
1364:22, 1373:21, 1378:20, 1387:13,
1407:7, 1407:15, 1426:24, 1454:6,
1465:25, 1512:24, 1559:21, 1559:22
less-invasive [2] - 1407:7, 1407:15
lesser [1] - 1467:24
lesson [1] - 1363:14
letter [6] - 1303:13, 1304:8, 1305:4,
1305:7, 1354:17, 1394:14
level [46] - 1324:22, 1357:25, 1363:25,
1364:1, 1402:17, 1439:6, 1439:7,
1439:9, 1440:17, 1441:10, 1441:11,
1441:18, 1442:15, 1442:17, 1462:11,
1465:19, 1465:21, 1465:25, 1466:8,
1468:15, 1468:21, 1470:3, 1471:1,
1471:14, 1472:22, 1472:23, 1475:7,
1475:11, 1475:22, 1479:24, 1479:25,
1480:4, 1480:13, 1482:12, 1496:15,
1497:3, 1497:17, 1500:19, 1505:13,
1540:10, 1546:9, 1546:11, 1548:18
levels [7] - 1402:17, 1427:20, 1467:16,
1468:16, 1469:6, 1475:4, 1479:23
LEWIS [1] - 1301:3
licensed [1] - 1536:3
Lichy [4] - 1346:7, 1394:17, 1398:11,
1505:7
lichy [1] - 1346:8
Liebowitz [5] - 1346:6, 1390:5,
1390:11, 1420:12, 1425:2
lien [5] - 1306:6, 1333:13, 1333:21,
1334:12, 1334:13
liens [2] - 1333:24, 1334:1
life [7] - 1478:16, 1479:5, 1498:6,
1548:8, 1553:8, 1561:25, 1562:12
life-threatening [2] - 1553:8, 1561:25
lifetime [2] - 1481:18, 1545:24
lift [1] - 1401:2
lifted [1] - 1463:1
lifting [1] - 1463:3
ligament [5] - 1462:25, 1491:12,
1491:15
```

```
light [1] - 1431:22
lights [4] - 1461:8, 1461:10, 1468:9,
1476:6
likelihood [1] - 1497:13
likely [9] - 1469:16, 1476:16, 1485:5,
1489:14, 1499:7, 1499:20, 1545:20,
1550:4, 1559:4
likewise [5] - 1486:20, 1491:19,
1516:16, 1530:16, 1537:24
limine [3] - 1302:20, 1304:14, 1304:21
line [27] - 1302:8, 1302:11, 1302:12,
1302:14, 1302:15, 1303:25, 1310:18,
1350:3, 1374:11, 1377:6, 1436:7,
1458:11, 1462:6, 1462:24, 1467:5,
1467:6, 1467:7, 1467:9, 1468:24,
1468:25, 1486:11, 1495:7, 1535:21
Lines [2] - 1301:4, 1301:10
LINES [1] - 1300:7
lines [4] - 1315:13, 1324:8, 1355:6,
1470:4
link [2] - 1368:12, 1392:15
list [8] - 1308:22, 1310:14, 1315:21,
1324:17, 1345:14, 1345:20, 1406:1,
1543:19
listed [5] - 1332:3, 1371:20, 1453:9,
1460:23, 1525:11
listen [2] - 1317:25, 1470:15
Listen [1] - 1384:19
lists [4] - 1320:9, 1324:25, 1424:3,
1426:22
literally [1] - 1549:11
literature [1] - 1480:24
litigation [1] - 1447:15
LL [1] - 1513:5
LLC [3] - 1300:9, 1301:5, 1301:11
LLP [2] - 1300:20, 1301:3
locate [1] - 1317:10
located [1] - 1338:2
location [6] - 1342:17, 1346:9, 1405:3,
1430:15, 1482:10, 1555:25
locations [2] - 1429:25, 1556:1
long-span [1] - 1546:17
long-term [1] - 1547:12
longitudinal [3] - 1462:25, 1491:12,
1491:15
longstanding [2] - 1469:15, 1491:7
longus [1] - 1362:24
look [51] - 1313:25, 1316:17, 1322:20,
1349:7, 1352:11, 1353:1, 1355:5,
1368:18, 1372:14, 1372:17, 1377:6,
1378:6, 1413:2, 1416:21, 1422:25,
1424:2, 1426:8, 1427:10, 1430:3,
1430:21, 1446:17, 1453:16, 1461:19,
1462:24, 1463:6, 1463:8, 1463:21,
1463:23, 1466:21, 1470:15, 1470:23,
1474:5, 1480:2, 1492:1, 1494:14,
1505:6, 1505:12, 1505:21, 1508:5,
1509:21, 1511:12, 1512:5, 1513:4,
1518:5, 1524:14, 1527:17, 1534:13,
1534:24, 1537:5, 1548:3, 1554:21
```

looked [5] - 1502:1, 1502:2, 1513:5, 1540:20, 1546:13 looking [31] - 1313:25, 1315:1, 1317:2, 1320:13, 1322:14, 1325:12, 1325:13, 1325:22, 1326:17, 1332:25, 1341:19, 1376:25, 1412:14, 1435:22, 1445:10, 1448:11, 1456:5, 1461:25, 1462:9, 1462:21, 1465:19, 1475:7, 1505:15, 1505:18, 1514:21, 1517:23, 1543:2, 1544:14, 1545:5, 1560:11 looks [5] - 1431:19, 1454:4, 1462:14, 1474:12, 1505:14 lordosis [1] - 1474:21 Los [2] - 1342:13, 1531:6 lose [1] - 1406:11 loses [1] - 1468:22 loss [2] - 1470:3, 1496:24 lost [2] - 1406:12, 1496:23 loud [1] - 1428:20 low [10] - 1391:25, 1392:8, 1430:9, 1446:6, 1476:11, 1501:7, 1501:8, 1501:11, 1504:1, 1527:15 lower [29] - 1350:17, 1351:19, 1352:1, 1353:13, 1363:23, 1363:25, 1392:3, 1393:23, 1395:3, 1396:9, 1398:1, 1398:10, 1399:3, 1402:17, 1430:8, 1461:8, 1461:9, 1476:24, 1482:23, 1482:24, 1483:10, 1483:11, 1490:21, 1500:23, 1508:6, 1508:8, 1518:23, 1523:21, 1554:13 lowest [2] - 1512:13, 1534:8 LSO [1] - 1426:15 lumbar [35] - 1353:10, 1353:11, 1354:15, 1354:19, 1394:15, 1394:16, 1395:3, 1396:12, 1417:21, 1422:5, 1426:14, 1427:14, 1442:21, 1444:13, 1444:14, 1460:13, 1461:15, 1462:12, 1466:21, 1468:13, 1469:23, 1474:17, 1474:21, 1481:7, 1482:9, 1482:12, 1491:2, 1491:6, 1491:25, 1521:8, 1535:8, 1549:24, 1550:1 Lumbar [1] - 1547:17 lunch [1] - 1414:5 Luncheon [1] - 1414:10

M

M-O-B-I-N [1] - 1335:8
M.D [4] - 1394:17, 1398:11, 1413:7, 1536:3
machine [4] - 1405:1, 1405:6, 1430:2, 1430:3
MAGISTRATE [1] - 1300:13
mailed [1] - 1313:24
mails [1] - 1385:24
main [2] - 1306:24, 1315:9
maintain [1] - 1406:17
major [6] - 1360:17, 1360:24, 1363:1, 1363:22, 1494:7, 1498:4
majority [9] - 1339:13, 1339:17,

1340:3, 1359:23, 1363:11, 1363:22, 1364:19, 1485:8, 1547:6 management [25] - 1315:10, 1337:18, 1338:20, 1341:11, 1341:14, 1341:17, 1341:22, 1341:24, 1342:2, 1346:3, 1346:23, 1364:24, 1392:22, 1400:1, 1407:5, 1407:18, 1413:7, 1417:17, 1418:11, 1426:17, 1454:14, 1478:8, 1480:12, 1482:1, 1488:20 maneuvers [4] - 1352:14, 1353:18, 1364:21, 1524:11 manifested [1] - 1521:25 manner [1] - 1483:7 Mannion [18] - 1377:5, 1381:8, 1383:21, 1408:18, 1409:23, 1410:8, 1419:9, 1419:14, 1420:2, 1422:21, 1424:17, 1486:4, 1550:14, 1551:2, 1552:21, 1555:11, 1558:7, 1558:13 **MANNION** [178] - 1301:7, 1344:10, 1354:12, 1367:10, 1367:18, 1368:13, 1369:9, 1371:25, 1372:3, 1372:6, 1374:8, 1374:12, 1375:16, 1375:19, 1376:7, 1376:12, 1376:20, 1376:24, 1377:8, 1377:18, 1377:21, 1378:3, 1378:9, 1378:12, 1378:15, 1378:17, 1378:21, 1379:1, 1379:4, 1381:9, 1382:15, 1383:22, 1384:3, 1384:10, 1384:15, 1384:23, 1385:2, 1385:6, 1386:7, 1386:10, 1386:13, 1386:19, 1386:23, 1387:7, 1387:14, 1387:21, 1389:21, 1394:5, 1395:9, 1395:11, 1395:15, 1397:3, 1398:14, 1399:15, 1406:14, 1408:6, 1408:10, 1409:11, 1409:13, 1409:16, 1410:18, 1410:23, 1410:25, 1412:19, 1413:13, 1413:21, 1413:25, 1417:10, 1418:2, 1418:20, 1419:11, 1419:19, 1420:5, 1422:13, 1422:22, 1423:6, 1423:8, 1423:18, 1424:13, 1424:20, 1424:22, 1428:3, 1428:5, 1432:13, 1432:23, 1434:10, 1434:13, 1448:3, 1449:20, 1450:22, 1451:21, 1451:25, 1452:7, 1452:11, 1453:3, 1453:18, 1454:4, 1454:9, 1454:15, 1454:19, 1454:24, 1455:5, 1457:14, 1457:17, 1460:8, 1460:14, 1460:16, 1465:7, 1478:21, 1483:3, 1483:17, 1484:14, 1485:22, 1485:24, 1486:1, 1496:2, 1502:11, 1502:12, 1504:24, 1506:3, 1506:5, 1506:7, 1506:15, 1506:17, 1506:23, 1507:12, 1507:15, 1509:16, 1510:9, 1511:4, 1511:20, 1511:23, 1511:24, 1512:15, 1515:24, 1516:8, 1516:9, 1517:11, 1517:15, 1517:17, 1517:25, 1518:2, 1518:12, 1520:1, 1522:21, 1526:3, 1528:4, 1528:7, 1528:10, 1528:19, 1528:23, 1533:9, 1537:11, 1537:22, 1542:2, 1544:5, 1545:5, 1545:11, 1549:10, 1549:16, 1549:19, 1551:6,

1556:10, 1557:24, 1558:24, 1559:2, 1560:9, 1561:20, 1561:23, 1561:24, 1562:17, 1563:1, 1564:6, 1564:8 manual [1] - 1383:5 March [11] - 1392:25, 1393:19, 1407:2, 1412:10, 1436:5, 1436:6, 1436:9, 1436:10, 1436:15, 1477:22, 1535:11 Marina [4] - 1338:3, 1342:12, 1342:14 mark [2] - 1310:24, 1470:21 marked [7] - 1312:12, 1314:1, 1314:20, 1329:21, 1432:12, 1460:19, 1460:20 markers [1] - 1429:23 market [1] - 1338:15 marking [1] - 1386:25 MARSHALL [1] - 1301:9 mask [3] - 1500:15, 1520:24, 1561:25 masking [1] - 1499:21 mass [1] - 1403:25 massive [1] - 1498:18 match [1] - 1368:16 matches [1] - 1309:11 matching [1] - 1328:16 material [9] - 1427:19, 1428:12, 1466:11, 1470:10, 1471:8, 1472:3, 1473:1, 1473:3, 1557:9 materials [1] - 1365:2 math [1] - 1412:15 matter [7] - 1380:10, 1448:22, 1448:23, 1451:2, 1501:21, 1521:19, 1563:10 matters [2] - 1313:9, 1323:10 maximally [1] - 1546:18 MCELFISH [1] - 1300:15 McElfish [340] - 1300:18, 1302:5, 1302:22, 1302:25, 1303:8, 1304:3, 1305:19, 1305:25, 1306:8, 1307:5, 1307:8, 1307:13, 1307:17, 1307:21, 1307:23, 1308:17, 1308:20, 1308:24, 1309:23, 1310:7, 1310:12, 1311:7, 1311:10, 1311:13, 1311:16, 1311:22, 1312:22, 1313:24, 1314:20, 1314:24, 1316:22, 1316:25, 1317:2, 1317:4, 1317:8, 1317:19, 1318:8, 1318:14, 1318:16, 1318:19, 1318:21, 1322:14, 1322:20, 1322:25, 1323:8, 1324:4, 1324:12, 1324:15, 1326:14, 1326:15, $1326:17,\ 1326:22,\ 1326:25,\ 1327:3,$ 1327:8, 1328:1, 1328:7, 1328:11, 1328:17, 1328:22, 1329:3, 1329:12, 1329:18, 1330:15, 1330:17, 1330:20, 1330:22, 1330:24, 1332:4, 1332:8, 1332:10, 1332:14, 1332:17, 1332:22, 1333:4, 1333:12, 1333:23, 1334:17, 1334:19, 1334:22, 1334:24, 1335:1, 1335:9, 1335:16, 1344:7, 1353:5, 1354:9, 1356:2, 1362:16, 1365:16, 1367:3, 1367:9, 1367:11, 1367:15, 1367:20, 1367:23, 1367:25, 1368:4, 1368:7, 1368:14, 1369:1, 1369:5,

1552:7, 1553:22, 1554:18, 1555:13,

24

1369:7, 1369:17, 1369:25, 1370:2, 1370:5, 1370:19, 1370:21, 1370:23, 1372:2, 1372:5, 1374:4, 1374:16, 1375:12, 1376:5, 1376:9, 1376:22, 1377:9, 1377:17, 1378:8, 1378:10, 1378:13, 1378:16, 1378:19, 1378:23, 1379:2, 1380:1, 1380:4, 1380:6, 1380:12, 1380:15, 1381:6, 1381:12, 1381:20, 1382:2, 1382:13, 1383:17, 1384:9, 1384:12, 1384:19, 1384:25, 1385:10, 1385:15, 1385:19, 1385:22, 1386:4, 1386:16, 1386:24, 1387:3, 1387:10, 1388:2, 1388:6, 1389:19, 1389:25, 1391:20, 1391:22, 1394:3, 1394:9, 1395:7, 1395:12, 1395:18, 1395:21, 1395:22, 1397:2, 1397:6, 1397:9, 1398:13, 1398:16, 1398:21, 1398:23, 1399:13, 1399:19, 1402:1, 1408:1, 1408:5, 1408:8, 1408:11, 1408:14, 1408:16, 1408:18, 1409:17, 1410:2, 1410:4, 1410:12, 1410:20, 1411:1, 1412:1, 1412:5, 1412:17, 1414:3, 1415:5, 1415:10, 1415:17, 1416:14, 1417:8, 1417:25, 1418:16, 1419:8, 1419:14, 1419:21, 1420:1, 1420:6, 1420:8, 1421:6, 1422:9, 1422:17, 1422:23, 1423:5, 1423:9, 1423:16, 1424:12, 1424:17, 1428:2, 1428:4, 1428:8, 1428:17, 1432:10, 1432:17, 1433:2, 1434:5, 1434:16, 1435:23, 1436:1, 1439:2, 1447:22, 1448:8, 1448:16, 1448:19, 1448:22, 1448:24, 1449:8, 1449:11, 1449:14, 1449:17, 1449:24, 1450:2, 1450:19, 1451:1, 1451:9, 1451:16, 1451:17, 1451:22, 1451:23, 1452:3, 1452:9, 1453:12, 1453:25, 1454:2, 1454:8, 1454:10, 1454:13, 1454:17, 1454:22, 1455:8, 1456:2, 1456:4, 1456:24, 1457:3, 1457:16, 1460:1, 1460:5, 1460:9, 1460:11, 1460:15, 1460:18, 1461:1, 1461:8, 1464:3, 1468:9, 1468:11, 1469:21, 1469:23, 1470:19, 1472:12, 1474:2, 1476:5, 1481:9, 1481:15, 1483:4, 1483:6, 1485:20, 1487:17, 1487:19, 1502:2, 1506:10, 1506:11, 1509:1, 1509:14, 1509:25, 1511:14, 1516:4, 1516:5, 1517:10, 1517:12, 1521:11, 1522:24, 1526:1, 1526:4, 1527:25, 1528:9, 1528:12, 1529:13, 1529:19, 1529:22, 1530:23, 1531:3, 1531:8, 1534:14, 1534:17, 1534:20, 1536:15, 1539:11, 1539:21, 1540:3, 1540:16, 1541:1, 1542:20, 1543:17, 1544:4, 1544:21, 1545:8, 1549:21, 1551:14, 1556:2, 1557:2, 1558:1, 1558:4, 1558:5, 1558:21, 1560:7, 1560:16, 1560:25, 1561:4, 1561:18, 1561:22, 1562:2, 1562:15, 1564:5, 1564:7 mcGowan [1] - 1345:25

McGowan [9] - 1350:23, 1359:4, 1364:9, 1380:19, 1381:19, 1382:6, 1394:13, 1495:6, 1496:7 McGowan's [2] - 1380:12, 1519:9 mean [27] - 1308:5, 1321:10, 1327:19, 1329:15, 1334:18, 1368:15, 1384:20, 1385:2, 1437:16, 1442:17, 1454:9, 1454:25, 1466:9, 1471:6, 1490:16, 1503:8, 1512:10, 1518:21, 1518:24, 1523:21, 1526:6, 1530:7, 1530:19, 1542:23, 1550:3, 1561:8, 1561:13 meaning [13] - 1338:15, 1351:7, 1362:3, 1391:2, 1427:4, 1428:24, 1477:15, 1482:9, 1503:25, 1505:15, 1532:8, 1535:20, 1551:9 means [11] - 1360:25, 1362:5, 1390:25, 1406:18, 1426:12, 1437:22, 1508:24, 1513:12, 1514:6, 1524:17, 1542:22 meant [2] - 1525:16, 1551:16 meantime [1] - 1404:4 measure [2] - 1431:11, 1480:3 measured [1] - 1505:8 measurement [3] - 1471:15, 1505:9, 1505:16 measurements [1] - 1503:12 mechanical [8] - 1301:18, 1362:3, 1400:13, 1400:16, 1404:12, 1467:2, 1467:13, 1500:8 med [2] - 1446:24, 1447:5 medial [2] - 1430:12, 1430:22 medially [1] - 1430:12 Medicaid [5] - 1304:18, 1305:23, 1333:13, 1333:19, 1333:20 Medical [7] - 1333:15, 1342:13, 1342:14, 1350:19, 1374:24, 1390:4, 1528:15 medical [74] - 1304:7, 1306:2, 1306:20, 1307:14, 1307:15, 1308:1, 1309:6, 1313:13, 1313:14, 1313:17, 1335:24, 1336:1, 1336:3, 1336:4, 1337:13, 1340:5, 1343:18, 1343:19, 1345:11, 1345:15, 1349:14, 1364:8, 1364:24, 1367:4, 1367:5, 1367:7, 1367:12, 1368:9, 1368:16, 1370:13, 1378:4, 1378:7, 1384:7, 1384:15, 1400:8, 1427:1, 1430:7, 1457:5, 1457:24, 1471:6, 1471:7, 1476:12, 1477:4, 1477:11, 1478:12, 1478:13, 1478:15, 1479:4, 1480:17, 1480:21, 1481:5, 1483:1, 1483:15, 1483:21, 1485:17, 1493:14, 1495:5, 1495:11, 1497:1, 1497:5, 1505:21, 1505:22, 1507:9, 1507:16, 1509:13, 1510:5, 1530:21, 1538:25, 1544:25, 1545:23, 1555:16, 1557:4, 1560:15 medical/legal [1] - 1339:18 medication [4] - 1371:19, 1403:22, 1481:23, 1518:4 medications [9] - 1364:24, 1407:10,

1426:15, 1427:2, 1481:21, 1481:24, 1485:6, 1500:14, 1507:16 medicine [5] - 1342:19, 1372:14, 1402:5, 1403:9, 1404:20 Medicsurg [3] - 1347:25, 1452:4, 1453:7 meds [1] - 1518:8 meet [2] - 1307:8, 1310:13 Memorial [1] - 1337:15 memorized [2] - 1345:14, 1345:17 mend [2] - 1427:20, 1479:23 mentally [1] - 1350:12 mention [9] - 1514:2, 1514:3, 1520:16, 1525:14, 1525:17, 1525:19, 1525:22, 1532:13, 1546:14 mentioned [12] - 1325:4, 1338:1, 1338:6, 1390:24, 1439:16, 1440:16, 1483:23, 1486:24, 1514:20, 1525:20, 1555:16, 1557:20 message [1] - 1529:6 met [2] - 1487:10, 1536:20 metal [2] - 1432:4, 1479:11 micro [1] - 1337:5 micromovement [1] - 1431:2 microscopic [1] - 1337:6 microsurgery [1] - 1336:8 microwave [1] - 1405:2 mid [1] - 1518:23 mid-2016 [1] - 1345:2 mid-back [1] - 1518:23 middle [6] - 1359:19, 1377:7, 1432:9, 1500:23, 1501:9, 1501:10 Midtown [3] - 1347:21, 1451:4, 1451:10 might [10] - 1347:23, 1370:25, 1486:14, 1488:22, 1489:9, 1493:1, 1500:24, 1534:12, 1542:11, 1562:7 Mikelis [5] - 1425:11, 1425:18, 1426:6, 1551.9 1552.6 Mikelis' [1] - 1433:21 mild [2] - 1521:25 milder [1] - 1554:1 mildly [1] - 1475:9 mill [2] - 1305:3, 1308:12 millimeter [5] - 1431:14, 1431:17. 1431:18, 1469:1, 1494:19 millimeters [12] - 1430:16, 1471:3, 1471:4, 1471:16, 1503:11, 1503:12, 1503:13, 1505:9, 1505:11, 1505:16, 1505:18, 1505:20 mind [9] - 1339:12, 1407:9, 1435:3, 1441:21, 1537:14, 1537:21, 1540:15, 1551:11, 1551:15 mindset [1] - 1553:5 mine [1] - 1340:4 minor [2] - 1475:5, 1551:10 minus [1] - 1457:24 minute [7] - 1356:19, 1365:1, 1391:16, 1420:10, 1454:4, 1495:8, 1545:6 minutes [6] - 1418:11, 1454:5, 1454:6,

most [10] - 1356:12, 1363:4, 1363:6,

1507:20, 1545:3, 1556:5 Miriam [1] - 1310:10 misbill [1] - 1558:2 misfire [2] - 1429:18 mispronounced [1] - 1547:14 miss [1] - 1410:14 missed [1] - 1440:12 missing [3] - 1333:12, 1432:9, 1472:24 Missouri [1] - 1300:23 mistake [1] - 1561:13 Mobin [94] - 1308:15, 1308:21, 1310:16, 1311:1, 1311:4, 1311:18, $1318:11,\, 1328:18,\, 1329:1,\, 1329:12,\,$ 1329:19, 1330:4, 1332:12, 1334:7, 1335:2, 1335:3, 1335:7, 1335:19, 1339:7, 1339:10, 1340:7, 1340:16, 1341:25, 1344:8, 1344:11, 1346:17, 1350:5, 1352:3, 1358:22, 1361:19, 1363:13, 1364:10, 1365:1, 1370:9, 1371:2, 1371:21, 1372:7, 1374:20, 1375:22, 1376:14, 1376:25, 1380:9, 1380:16, 1382:3, 1382:18, 1383:11, 1388:8, 1393:20, 1394:11, 1396:6, 1396:15, 1398:2, 1399:21, 1412:6, 1412:25, 1415:19, 1418:7, 1418:25, 1420:10, 1422:25, 1424:2, 1427:21, 1428:9, 1429:10, 1431:8, 1432:15, 1434:18, 1436:4, 1447:24, 1448:21, 1449:12, 1451:3, 1456:5, 1457:4, 1458:15, 1460:12, 1461:14, 1465:2, 1468:12, 1469:20, 1469:25, 1470:22, 1474:25, 1476:7, 1477:24, 1481:12, 1483:7, 1483:23, 1485:15, 1485:21, 1511:15, 1549:22, 1551:1, 1553:16 mobin [1] - 1416:6 MOBIN [3] - 1335:11, 1415:6, 1564:4 Mobin's [4] - 1311:24, 1329:17, 1329:23, 1432:11 modalities [4] - 1383:5, 1383:12, 1488:19 model [9] - 1353:1, 1354:6, 1354:8, 1355:7, 1355:12, 1359:6, 1362:14, 1429:4, 1429:13 modify [1] - 1303:18 moment [5] - 1375:16, 1376:12, 1397:6, 1492:2, 1545:11 money [2] - 1309:14, 1330:8 monitors [1] - 1406:9 month [5] - 1396:9, 1495:9, 1496:22, 1500:13, 1554:11 months [14] - 1305:20, 1310:14, 1310:22, 1317:10, 1327:25, 1328:3, 1329:21, 1351:18, 1426:2, 1463:18, 1469:17, 1491:9, 1538:6, 1543:4 more-specific [1] - 1520:10 morning [6] - 1313:24, 1334:18, 1335:1, 1335:17, 1335:19, 1457:21 **MOROKNEK** [1] - 1301:13 morphine [1] - 1404:3

1372:18, 1402:12, 1405:23, 1476:15, 1490:5, 1530:4, 1542:5 mostly [4] - 1413:25, 1475:22, 1477:17, 1499:16 motion [9] - 1302:20, 1303:18, 1304:21, 1328:19, 1383:5, 1524:22, 1525:7, 1525:12, 1526:12 motions [2] - 1304:14, 1331:4 motor [4] - 1512:12, 1513:4, 1535:5, 1535:7 Motrin [1] - 1525:25 move [36] - 1328:20, 1375:13, 1376:5, 1380:15, 1381:7, 1382:13, 1406:14, 1409:23, 1410:7, 1418:17, 1419:6, 1419:8, 1419:9, 1419:16, 1421:6, 1421:7, 1422:9, 1428:15, 1428:24, 1434:7, 1447:24, 1449:14, 1450:21, 1458:20, 1461:9, 1464:4, 1479:19, 1499:15, 1515:25, 1516:10, 1522:21, 1526:4, 1528:6, 1534:14, 1537:10, 1549:18 moved [3] - 1410:4, 1415:12, 1417:25 movement [2] - 1400:17, 1431:2 moves [20] - 1374:4, 1374:6, 1377:17, 1383:20, 1389:19, 1394:3, 1395:7, 1397:2, 1398:13, 1399:13, 1408:3, 1412:17, 1416:14, 1417:8, 1417:25, 1423:5, 1423:17, 1424:12, 1432:11, 1451:9 moving [10] - 1362:3, 1381:15, 1412:6, 1415:22, 1418:6, 1422:20, 1443:1, 1470:19, 1547:5, 1549:5 MR [565] - 1302:10, 1302:22, 1302:25, 1303:6, 1303:8, 1303:21, 1304:3, 1304:24, 1305:15, 1305:24, 1305:25, 1306:1, 1306:7, 1306:8, 1307:5, 1307:8, 1307:13, 1307:17, 1307:21, 1307:23, 1308:1, 1308:17, 1308:20, 1308:24, 1309:23, 1310:6, 1310:7, 1310:12, 1311:7, 1311:10, 1311:13, 1311:16, 1311:22, 1312:22, 1313:4, 1313:23, 1314:3, 1314:7, 1314:9, 1314:20, 1314:24, 1315:2, 1316:1, 1316:7, 1316:14, 1316:15, 1316:22, 1316:25, 1317:2, 1317:4, 1317:8, 1317:19, 1317:21, 1318:2, 1318:8, 1318:14, 1318:16, 1318:19, 1318:21, 1318:24, 1319:12, 1319:14, 1319:19, 1320:2, 1320:5, 1320:20, 1321:12, 1321:17, 1321:20, 1321:25, 1322:3, 1322:6, 1322:9, 1322:14, 1322:20, 1322:25, 1323:8, 1323:10, 1323:18, 1323:20, 1323:21, 1324:1, 1324:7, 1324:12, 1324:15, 1324:16, 1325:10, 1325:13, 1325:16, 1325:25, 1326:2, 1326:4, 1326:15, 1326:17, 1326:22, 1326:25, 1327:3, 1327:8, 1327:23, 1328:1, 1328:5, 1328:11, 1328:13, 1328:17, 1328:21, 1328:22, 1328:24,

1329:7, 1329:11, 1329:12, 1329:17, 1329:18, 1329:23, 1330:15, 1330:17, 1330:20, 1330:22, 1330:24, 1332:4, 1332:8, 1332:10, 1332:14, 1332:17, 1332:22, 1333:4, 1333:12, 1333:23, 1334:4, 1334:11, 1334:13, 1334:17, 1334:19, 1334:22, 1335:1, 1335:9, 1335:16, 1344:7, 1344:10, 1353:5, 1354:9, 1354:12, 1356:2, 1362:16, 1365:16, 1367:3, 1367:9, 1367:10, 1367:11, 1367:15, 1367:18, 1367:20, 1367:23, 1367:25, 1368:4, 1368:7, 1368:13, 1368:14, 1369:1, 1369:5, 1369:7, 1369:9, 1369:13, 1369:15, 1369:17, 1369:25, 1370:2, 1370:5, 1370:19, 1370:21, 1370:23, 1371:25, 1372:2, 1372:3, 1372:5, 1372:6, 1374:4, 1374:8, 1374:12, 1374:16, 1375:12, 1375:16, 1375:19, 1376:5, 1376:7, 1376:9, 1376:12, 1376:20, 1376:22, 1376:24, 1377:8, 1377:9, 1377:17, 1377:18, 1377:21, 1378:3, 1378:8, 1378:9, 1378:10, 1378:12, 1378:13, 1378:15, 1378:16, 1378:17, 1378:19, 1378:21, 1378:23, 1379:1, 1379:2, 1379:4, 1380:1, 1380:4, 1380:6, 1380:12, 1380:15, 1381:6, 1381:9, 1381:12, 1381:20, 1382:2, 1382:13, 1382:15, 1383:17, 1383:22, 1384:3, 1384:9, 1384:10, 1384:12, 1384:15, 1384:19, 1384:23, 1384:25, 1385:2, 1385:6, 1385:10, 1385:15, 1385:18, 1385:19, 1385:22, 1386:4, 1386:5, 1386:7, 1386:10, 1386:13, 1386:16, 1386:19, 1386:23, 1386:24, 1387:3, 1387:7, 1387:10, 1387:14, 1387:21, 1388:2, 1388:6, 1389:19, 1389:21, 1389:25, 1391:20, 1391:22, 1394:3, 1394:5, 1394:9, 1395:7, 1395:9, 1395:11, 1395:12, 1395:15, 1395:18, 1395:21, 1395:22, 1397:2, 1397:3, 1397:6, 1397:9, 1398:13, 1398:14, 1398:16, 1398:21, 1398:23, 1399:13, 1399:15, 1399:19, 1402:1, 1406:14, 1408:1, 1408:5, 1408:6, 1408:8, 1408:10, 1408:11, 1408:14, 1408:16, 1409:11, 1409:13, 1409:16, 1409:17, 1410:2, 1410:4, 1410:12, 1410:18, 1410:20, 1410:23, 1410:25, 1411:1, 1412:1, 1412:5, 1412:17, 1412:19, 1413:13, 1413:21, 1413:25, 1414:3, 1415:5, 1415:10, 1415:17, 1416:14, 1417:8, 1417:10, 1417:25, 1418:2, 1418:16, 1418:20, 1419:8, 1419:11, 1419:14, 1419:19, 1419:21, 1420:1, 1420:5, 1420:6, 1420:8, 1421:6, 1422:9, 1422:13, 1422:17, 1422:22, 1422:23, 1423:5, 1423:6, 1423:8, 1423:9, 1423:16, 1423:18, 1424:12, 1424:13, 1424:17, 1424:20, 1424:22, 1428:2, 1428:3, 1428:4,

1428:5, 1428:8, 1428:17, 1432:10, 1432:13, 1432:17, 1432:23, 1433:2, 1434:5, 1434:10, 1434:13, 1434:16, 1435:23, 1436:1, 1439:2, 1447:22, 1448:3, 1448:8, 1448:16, 1448:19, 1448:22, 1448:24, 1449:8, 1449:11, 1449:14, 1449:17, 1449:20, 1449:24, 1450:2, 1450:19, 1450:22, 1451:1, 1451:9, 1451:16, 1451:17, 1451:21, 1451:23, 1451:25, 1452:3, 1452:7, 1452:9, 1452:11, 1453:3, 1453:7, 1453:12, 1453:18, 1453:19, 1453:25, 1454:2, 1454:4, 1454:8, 1454:9, 1454:10, 1454:13, 1454:15, 1454:17, 1454:19, 1454:22, 1454:24, 1455:5, 1455:8, 1456:2, 1456:4, 1456:24, 1457:3, 1457:14, 1457:16, 1457:17, 1460:1, 1460:5, 1460:8, 1460:9, 1460:11, 1460:14, 1460:15, 1460:16, 1460:18, 1461:1, 1461:8, 1464:3, 1465:7, 1468:9, 1468:11, 1469:21, 1469:23, 1470:19, 1472:12, 1474:2, 1476:5, 1478:21, 1481:9, 1481:15, 1483:3, 1483:4, 1483:6, 1483:17, 1484:14, 1485:20, 1485:22, 1485:24, 1486:1, 1496:2, 1502:11, 1502:12, 1504:24, 1506:3, 1506:5, 1506:7, 1506:8, 1506:11, 1506:15, 1506:17, 1506:23, 1507:12, 1507:15, 1509:1, 1509:14, 1509:16, 1509:25, 1510:9, 1511:4, 1511:14, 1511:20, 1511:23, 1511:24, 1512:15, 1515:24, 1516:5, 1516:8, 1516:9, 1517:10, 1517:11, 1517:12, 1517:15, 1517:17, 1517:25, 1518:2, 1518:12, 1520:1, 1521:11, 1522:21, 1522:24, 1526:1, 1526:3, 1526:4, 1527:25, 1528:4, 1528:7, 1528:9, 1528:10, 1528:12, 1528:19, 1528:23, 1529:13, 1529:19, 1529:22, 1533:9, 1534:14, 1534:17, 1534:20, 1536:15, 1537:11, 1537:22, 1539:11, 1539:21, 1540:3, 1540:16, 1541:1, 1542:2, 1542:20, 1543:17, 1544:4, 1544:5, 1544:21, 1545:5, 1545:8, 1545:11, 1549:10, 1549:16, 1549:19, 1549:21, 1551:6, 1551:14, 1552:7, 1553:22, 1554:18, 1555:13, 1556:2, 1556:10, 1557:2, 1557:24, 1558:1, 1558:4, 1558:5, 1558:21, 1558:24, 1559:2, 1560:7, 1560:9, 1560:16, 1561:4, 1561:18, 1561:20, 1561:22, 1561:23, 1561:24, 1562:2, 1562:15, 1562:17, 1563:1, 1564:5, 1564:6, 1564:7, 1564:8 MRI [51] - 1351:22, 1351:23, 1351:25, 1357:18, 1373:11, 1394:13, 1394:15, 1394:16, 1396:12, 1396:15, 1396:19, 1396:24, 1397:13, 1397:17, 1397:20, 1397:21, 1397:24, 1399:2, 1426:9, 1427:3, 1427:4, 1431:10, 1460:2, 1460:7, 1460:12, 1461:13, 1461:15,

1463:21, 1463:22, 1469:11, 1469:18, 1469:19, 1470:18, 1470:20, 1474:23, 1482:11, 1491:19, 1493:8, 1493:9, 1495:3, 1495:9, 1495:20, 1496:21, 1496:25, 1505:9, 1505:10, 1544:12, 1550:1, 1550:3, 1550:23 MRI's [1] - 1338:19 MRIs [12] - 1345:10, 1352:16, 1357:22, 1392:14, 1394:20, 1395:2, 1396:5, 1396:8, 1399:4, 1433:16, 1471:20, 1478.8 **MS** [9] - 1314:2, 1314:5, 1314:12, 1314:18, 1315:20, 1319:1, 1319:5, 1319:9, 1322:17 Mull [1] - 1516:21 multi [2] - 1428:23, 1555:23 multi-axial [1] - 1428:23 multi-trauma [1] - 1555:23 multidisciplinary [2] - 1337:17, 1338:6 multiple [14] - 1314:14, 1315:4, 1338:1, 1338:9, 1345:8, 1351:14, 1356:23, 1383:3, 1389:9, 1395:1, 1426:25, 1555:24, 1557:17 multiple-disciplinary [1] - 1338:1 multitude [1] - 1359:18 muscle [7] - 1357:12, 1358:8, 1362:23, 1362:24, 1363:1, 1427:7, 1481:21 muscles [4] - 1357:25, 1358:1, 1426:16, 1492:9 muscular [1] - 1485:13 musculoskeletal [1] - 1478:25 mutually [1] - 1493:3

Ν

myotomes [2] - 1357:23, 1357:25

nail [1] - 1349:19 name [7] - 1335:6, 1335:19, 1348:4, 1400:11, 1435:9, 1486:4 names [1] - 1315:3 Naproxen [1] - 1481:23 narcotics [2] - 1426:16, 1481:21 NARR [6] - 1446:24, 1446:25, 1447:1, 1447:2, 1447:10, 1555:7 narrative [3] - 1509:9, 1509:20, 1538:1 narrow [1] - 1360:9 narrowed [2] - 1475:10, 1476:2 narrowing [7] - 1353:15, 1360:14, 1360:15, 1361:23, 1464:24, 1475:15 national [1] - 1372:17 nature [8] - 1312:17, 1323:5, 1350:6, 1364:6, 1369:8, 1472:2, 1489:5, 1507:17 nausea [1] - 1523:12 necessarily [9] - 1334:20, 1369:20, 1369:21, 1407:8, 1483:13, 1485:12, 1494:21, 1499:4, 1544:15 necessary [43] - 1305:17, 1309:7,

1364:14, 1365:6, 1365:8, 1367:13, 1371:11, 1375:8, 1376:2, 1380:25, 1382:8, 1383:14, 1383:16, 1393:9, 1393:11, 1394:20, 1407:23, 1407:25, 1413:17, 1416:11, 1416:13, 1417:22, 1418:13, 1419:5, 1420:4, 1434:1, 1434:4, 1435:20, 1436:19, 1445:18, 1446:22, 1446:23, 1447:3, 1455:1, 1456:21, 1457:9, 1457:10, 1457:23, 1458:2 necessity [1] - 1400:4 neck [38] - 1363:13, 1363:14, 1363:19, 1363:23, 1363:24, 1395:3, 1396:8, 1397:21, 1397:22, 1398:9, 1399:3, 1416:7, 1426:5, 1474:24, 1475:3, 1476:17, 1476:18, 1476:22, 1476:23, 1478:7, 1490:20, 1491:14, 1501:10, 1508:22, 1513:22, 1513:24, 1514:16, 1515:11, 1519:10, 1520:19, 1520:24, 1524:14, 1524:19, 1524:22, 1525:6, 1555:21 need [38] - 1302:16, 1302:21, 1316:19, 1336:16, 1336:24, 1336:25, 1337:1, 1338:16, 1354:13, 1369:22, 1397:7, 1404:4, 1406:16, 1426:22, 1430:10, 1430:17, 1431:3, 1431:11, 1448:1, 1449:22, 1459:4, 1459:6, 1478:12, 1479:4, 1479:22, 1481:13, 1482:19, 1483:8, 1483:19, 1485:10, 1493:21, 1497:9, 1530:10, 1540:18, 1544:24, 1549:13, 1553:12, 1558:9 needed [3] - 1458:17, 1478:20, 1544:2 needle [6] - 1402:13, 1402:21, 1403:4, 1404:22, 1404:23 needles [3] - 1402:8, 1402:9, 1407:10 needs [7] - 1434:14, 1479:14, 1480:11, 1480:16, 1482:19, 1482:21, 1493:11 negative [1] - 1514:11 neglected [1] - 1393:2 neighborhood [1] - 1373:6 nerve [74] - 1353:4, 1353:9, 1353:11, 1353:12, 1353:15, 1353:21, 1354:1, 1354:2, 1355:13, 1357:3, 1357:6, 1357:9, 1357:10, 1357:11, 1357:13, 1357:14, 1357:15, 1358:5, 1358:6, 1358:9, 1358:11, 1359:8, 1359:11, 1360:10, 1360:20, 1360:21, 1360:22, 1360:24, 1361:9, 1361:12, 1361:14, 1361:18, 1362:4, 1363:15, 1400:12, 1400:15, 1400:18, 1402:10, 1402:11, 1402:13, 1403:23, 1403:24, 1404:1, 1404:17, 1404:21, 1405:2, 1405:3, 1405:4, 1405:7, 1405:21, 1407:12, 1407:14, 1421:11, 1426:10, 1427:8, 1429:18, 1430:12, 1432:2, 1443:1, 1443:2, 1464:19, 1464:20, 1466:7, 1466:13, 1471:24, 1472:7, 1476:1, 1493:10, 1500:8, 1500:10, 1515:1 nerves [32] - 1352:25, 1353:8, 1355:6, 1355:8, 1356:14, 1357:2, 1357:7,

1311:2, 1312:8, 1350:11, 1364:13,

1359:16, 1359:17, 1359:18, 1359:24, 1359:25, 1360:18, 1361:3, 1361:24, 1364:1, 1364:2, 1402:23, 1402:24, 1402:25, 1426:11, 1429:20, 1464:11, 1464:13, 1464:14, 1464:25, 1466:3, 1466:13, 1472:4, 1475:8, 1557:11 neural [2] - 1359:12, 1360:4 neuro [2] - 1353:3, 1525:17 neuro-foramina [1] - 1353:3 Neurological [1] - 1343:25 neurological [13] - 1336:14, 1336:15, 1393:5, 1421:16, 1485:3, 1485:13, 1511:1, 1511:6, 1512:18, 1515:9, 1526:15, 1535:8, 1553:10 neurologist [5] - 1350:25, 1357:19, 1420:24, 1503:16, 1507:6 neurologists [5] - 1336:12, 1350:23, 1351:15, 1458:1 neurology [2] - 1306:23, 1357:18 neurolysis [3] - 1443:4, 1443:6, 1443:7 neuropsychological [1] - 1457:18 neuropsychology [2] - 1306:23, 1310:18 neuroradiologist [3] - 1502:16, 1502:19, 1502:20 neurosurgeon [14] - 1310:19, 1329:19, 1335:2, 1335:20, 1336:9, 1342:12, 1397:20, 1400:8, 1402:4, 1433:25, 1450:12, 1477:1, 1485:18, 1557:15 neurosurgeon's [2] - 1425:25, 1487:20 neurosurgeons [4] - 1337:18, 1338:22, 1343:6, 1343:8 Neurosurgery [1] - 1339:7 neurosurgery [9] - 1336:6, 1336:23, 1344:2, 1344:9, 1344:12, 1345:1, 1350:5, 1479:2, 1559:13 neurosurgical [4] - 1458:22, 1459:13, 1484:6, 1555:18 never [22] - 1320:24, 1324:18, 1385:18, 1386:16, 1453:7, 1453:8, 1453:23, 1454:16, 1510:21, 1533:16, 1533:17, 1536:20, 1536:21, 1536:22, 1537:25, 1550:9, 1552:18, 1560:25 new [5] - 1318:8, 1332:13, 1422:20, 1433:15, 1547:3 **NEW** [1] - 1300:1 New [37] - 1300:5, 1300:18, 1301:13, 1316:3, 1320:25, 1321:20, 1321:23, 1323:16, 1323:22, 1324:16, 1326:9, 1327:9, 1328:14, 1329:2, 1329:13, 1330:1, 1333:7, 1333:17, 1334:4, 1335:25, 1345:23, 1347:21, 1363:10, 1382:23, 1390:4, 1396:2, 1396:19, 1421:24, 1425:7, 1425:9, 1425:17, 1426:4, 1434:20, 1435:16, 1528:15, 1536:4 next [61] - 1320:8, 1322:12, 1334:25,

1335:2, 1337:13, 1350:19, 1354:6, 1365:18, 1371:14, 1375:3, 1376:23, 1377:24, 1381:22, 1408:21, 1409:17, 1411:4, 1422:11, 1424:7, 1436:15, 1437:10, 1439:3, 1439:6, 1440:5, 1440:6, 1440:7, 1440:21, 1440:24, 1440:25, 1441:8, 1441:10, 1442:11, 1443:10, 1444:3, 1444:17, 1445:1, 1446:1, 1446:5, 1446:8, 1448:15, 1448:16, 1454:5, 1454:6, 1463:21, 1463:23, 1470:20, 1472:9, 1472:14, 1474:3, 1475:12, 1475:22, 1482:13, 1494:18, 1500:12, 1511:12, 1511:22, 1519:8, 1522:19, 1527:10, 1535:5, 1535:25, 1554:11 nicely [1] - 1463:13 night [5] - 1310:13, 1310:23, 1342:25, 1343:1, 1563:4 nobody [2] - 1493:20, 1497:18 NOLAN [1] - 1301:17 NolanEDNY@aol.com [1] - 1301:18 non [3] - 1339:16, 1457:15, 1524:17 non-psychological [1] - 1457:15 non-surgical [1] - 1339:16 non-tender [1] - 1524:17 none [8] - 1494:13, 1507:9, 1515:2, 1530:23, 1536:18, 1545:19, 1546:13, 1546:14 nonetheless [1] - 1445:23 nonresponsive [1] - 1517:11 nontreatment [1] - 1447:15 normal [20] - 1337:10, 1441:17, 1446:7, 1465:19, 1466:23, 1466:24, 1467:12, 1467:17, 1467:22, 1475:18, 1476:2, 1513:8, 1513:13, 1513:15, 1514:10, 1526:15, 1526:20, 1526:22, 1554:5 normally [3] - 1428:15, 1462:11, 1475:25 North [3] - 1315:13, 1423:24, 1449:1 notes [1] - 1387:17 nothing [9] - 1309:10, 1448:23, 1453:8, 1489:25, 1490:24, 1525:3, 1525:10, 1526:10, 1539:14 notice [9] - 1347:7, 1347:11, 1347:13, 1347:16, 1347:21, 1347:25, 1348:5, 1429:5, 1429:13 November [18] - 1352:16, 1383:8, 1396:3, 1396:4, 1396:10, 1434:21, 1436:5, 1436:9, 1460:13, 1461:16, 1469:21, 1471:15, 1474:25, 1491:19, 1496:25, 1535:22, 1537:7, 1550:3 NOW [1] - 1468:12 NT [1] - 1524:15 nuclear [1] - 1557:9 nucleus [4] - 1463:14, 1464:10, 1470:5, 1492:13 Number [2] - 1320:6, 1320:9 number [58] - 1302:3, 1309:25, 1315:18, 1317:19, 1320:8, 1326:9,

1338:15, 1345:18, 1350:22, 1368:16, 1372:1, 1373:5, 1373:8, 1373:11, 1373:22, 1377:15, 1389:14, 1392:5, 1398:7, 1410:16, 1426:23, 1431:1, 1440:10, 1443:17, 1444:1, 1446:4, 1446:7, 1446:11, 1449:16, 1451:4, 1455:5, 1456:24, 1460:22, 1479:12, 1486:18, 1486:23, 1489:24, 1490:2, 1490:23, 1506:6, 1506:16, 1511:11, 1511:13, 1512:23, 1513:2, 1516:13, 1533:6, 1533:7, 1534:8, 1534:9, 1538:3, 1546:19, 1556:6 numbers [16] - 1313:6, 1314:8, 1314:10, 1328:16, 1373:4, 1373:18, 1410:17, 1410:20, 1424:20, 1440:22, 1455:1, 1460:17, 1461:4, 1486:8, 1512:12, 1559:9 numbing [2] - 1403:9, 1404:20 numbness [11] - 1353:17, 1354:3, 1359:2, 1362:7, 1362:10, 1362:22, 1427:7, 1514:22, 1515:16, 1522:13, 1527:7 **nurse** [1] - 1409:5 Nurse [4] - 1516:20, 1516:21 nurses [3] - 1343:4, 1517:21, 1523:3 NY [1] - 1301:17



o'clock [2] - 1454:18, 1563:4 O40193 [1] - 1506:16 oath [2] - 1560:21, 1560:25 object [5] - 1384:6, 1386:2, 1413:21, 1448:3, 1457:14 objected [1] - 1386:1 Objection [4] - 1406:14, 1413:13, 1465:7, 1537:22 objection [74] - 1309:15, 1344:10, 1367:19, 1374:8, 1375:15, 1375:19, 1376:7, 1377:18, 1381:9, 1382:15, 1389:21, 1394:5, 1395:15, 1397:3, 1398:14, 1398:18, 1399:15, 1408:10, 1409:12, 1409:14, 1412:21, 1417:10, 1418:2, 1418:20, 1419:11, 1419:17, 1422:13, 1423:6, 1423:18, 1424:13, 1428:2, 1432:13, 1432:23, 1433:7, 1434:13, 1449:20, 1450:23, 1451:20, 1451:25, 1453:10, 1478:21, 1483:3, 1483:17, 1484:14, 1506:3, 1506:10, 1506:24, 1509:14, 1509:25, 1516:4, 1517:10, 1521:11, 1522:23, 1527:25, 1528:8, 1528:12, 1529:13, 1529:22, 1534:16, 1534:17, 1536:15, 1539:11, 1540:3, 1540:16, 1544:4, 1551:6, 1552:7, 1553:22, 1554:18, 1555:13, 1556:10, 1557:24, 1561:18, 1562:15 objections [8] - 1310:9, 1311:3, 1312:14, 1312:16, 1315:21, 1387:1, 1387:8, 1410:5 objective [12] - 1351:25, 1352:7,

```
1392:13, 1426:9, 1427:3, 1524:8,
1524:10, 1524:13, 1524:14, 1525:13,
1525:16, 1525:20
objectively [1] - 1539:25
objects [1] - 1478:24
observation [1] - 1554:20
observed [3] - 1514:12, 1516:16,
1526:21
obtained [6] - 1443:20, 1477:18,
1510:4, 1510:8, 1510:11, 1552:2
obtaining [1] - 1444:6
obviously [3] - 1384:4, 1487:2,
1532:14
occasion [5] - 1341:10, 1342:1,
1342:5, 1344:19, 1344:20
occasional [1] - 1363:12
occur [5] - 1479:17, 1480:22, 1481:2,
1482:13, 1494:24
occurred [7] - 1350:14, 1437:2,
1469:17, 1491:17, 1502:4, 1519:11,
1520:3
occurs [1] - 1499:2
October [24] - 1311:25, 1350:14,
1375:3, 1381:4, 1382:6, 1388:15,
1391:13, 1391:24, 1393:18, 1397:18,
1397:24, 1399:2, 1416:12, 1433:17,
1468:13, 1471:13, 1477:2, 1478:2,
1484:9, 1496:10, 1496:11, 1527:20,
1528:24
OF [2] - 1300:1, 1300:12
offer [3] - 1336:16, 1344:8, 1515:22
offered [1] - 1553:18
offering [1] - 1528:6
office [12] - 1305:8, 1310:3, 1321:7,
1321:20, 1388:11, 1405:14, 1405:15,
1407:18, 1446:19, 1453:21, 1519:9,
1532:24
offset [4] - 1331:5, 1333:10, 1369:8,
1483:11
offsets [2] - 1323:4, 1368:23
Ohio [1] - 1301:6
old [1] - 1336:1
Olympia [1] - 1342:14
Omega [2] - 1336:4, 1343:19
once [7] - 1308:10, 1318:8, 1368:15,
1453:15, 1479:23, 1481:18, 1562:1
one [150] - 1302:3, 1302:11, 1303:15,
1304:3, 1304:7, 1305:1, 1306:22,
1306:25, 1308:13, 1309:13, 1310:24,
1313:5, 1313:25, 1314:25, 1315:7,
1318:8, 1321:6, 1321:21, 1326:7,
1330:6, 1330:13, 1333:12, 1333:19,
1338:11, 1338:15, 1338:16, 1340:7,
1341:6, 1344:21, 1350:3, 1351:21,
1353:18, 1356:22, 1356:25, 1357:1,
1360:25, 1364:21, 1372:3, 1375:16,
1376:12, 1376:15, 1377:10, 1378:22,
1380:20, 1386:11, 1395:11, 1396:11,
1396:12, 1397:1, 1397:6, 1398:16,
1401:11, 1404:19, 1406:12, 1407:15,
```

```
1417:16, 1422:21, 1426:23, 1428:13,
1431:1, 1432:8, 1432:9, 1434:10,
1436:15, 1439:3, 1439:8, 1439:11,
1440:5, 1440:6, 1440:7, 1440:24,
1441:11, 1443:10, 1444:3, 1444:9,
1446:5, 1446:8, 1446:13, 1453:5,
1454:5, 1454:6, 1458:11, 1460:24,
1461:19, 1467:3, 1469:24, 1470:4,
1471:2, 1472:15, 1472:16, 1474:3,
1474:6, 1475:13, 1477:17, 1479:12,
1482:8, 1482:19, 1482:22, 1482:24,
1486:4, 1486:14, 1487:16, 1492:2,
1492:25, 1493:17, 1494:13, 1495:20,
1496:24, 1499:19, 1502:8, 1504:1,
1504:2, 1504:19, 1514:14, 1517:23,
1529:14, 1530:4, 1531:18, 1532:4,
1532:5, 1532:7, 1532:13, 1533:22,
1537:11, 1539:6, 1539:7, 1544:10,
1544:14, 1545:6, 1545:11, 1545:23,
1546:3, 1546:23, 1546:24, 1547:9,
1548:6, 1548:8, 1548:11, 1549:11,
1550:21, 1553:19, 1555:25, 1556:6,
1559:24, 1560:18, 1560:24, 1561:14
one-page [3] - 1310:24, 1377:10,
1397:1
ones [3] - 1309:13, 1458:12, 1458:13
ongoing [1] - 1546:25
onset [4] - 1553:19, 1554:13, 1557:4,
1557:6
ooo0ooo [1] - 1563:14
open [7] - 1302:1, 1388:1, 1404:4,
1414:7, 1415:2, 1456:1, 1512:22
opening [6] - 1360:8, 1466:2, 1466:5,
1475:9, 1475:25
opens [1] - 1360:10
operate [6] - 1340:20, 1340:23,
1357:21, 1363:16, 1429:1, 1550:22
operated [1] - 1340:24
operates [1] - 1308:7
operating [3] - 1429:24, 1531:25,
1557:19
operation [4] - 1430:2, 1431:12,
1445:6
operations [2] - 1329:20, 1373:24
operative [1] - 1474:4
opine [4] - 1306:24, 1441:17, 1451:3,
1509:21
opined [6] - 1306:21, 1349:12, 1458:7,
1458:11, 1458:13, 1459:3
opining [2] - 1373:5, 1373:13
opinion [55] - 1306:25, 1307:1,
1309:7, 1340:6, 1345:16, 1361:19,
1364:10, 1365:5, 1365:8, 1371:5,
1371:21, 1372:7, 1372:24, 1373:15,
1381:3, 1383:14, 1389:15, 1390:19,
1393:8, 1398:2, 1418:9, 1419:5,
1432:21, 1433:24, 1434:3, 1457:6,
1457:10, 1457:19, 1458:7, 1459:14,
1460:3, 1469:5, 1476:12, 1477:1,
```

```
1495:20, 1497:1, 1497:16, 1497:22,
1502:3, 1514:24, 1531:18, 1540:8,
1550:18, 1552:1, 1552:19, 1555:3,
1558:8, 1558:17, 1562:24
opinions [19] - 1335:20, 1335:21,
1338:11. 1349:2. 1349:16. 1350:10.
1390:13. 1458:23. 1458:24. 1485:15.
1485:16. 1487:20. 1488:5. 1495:15.
1509:12, 1544:23, 1550:15, 1551:18,
1554:17
opportunity [5] - 1348:7, 1348:19,
1460:2, 1487:8, 1491:6
opposed [7] - 1332:16, 1338:16,
1364:2, 1476:2, 1488:10, 1554:1,
1559:23
oppositions [1] - 1304:24
options [2] - 1342:2, 1407:15
Optum [1] - 1309:13
order[11] - 1303:1, 1303:4, 1336:19,
1401:10, 1442:23, 1453:10, 1453:11,
1460:19, 1464:25, 1466:8, 1530:11
Order [1] - 1386:3
ordered [5] - 1396:19, 1397:21,
1397:25, 1398:2, 1433:16
organize [1] - 1350:4
oriented [1] - 1336:23
orifices [1] - 1353:3
origin [1] - 1358:2
original [2] - 1378:17, 1547:21
originally [2] - 1302:4, 1441:23
Orthopedic [1] - 1393:18
orthopedic [10] - 1308:13, 1337:17,
1338:21, 1351:15, 1352:14, 1390:11,
1390:17, 1458:1, 1465:3, 1555:24
orthopedics [1] - 1306:23
Osborn [3] - 1302:22, 1302:23, 1303:2
osteolytic [1] - 1522:1
osteophyte [1] - 1490:18
osteophytes [2] - 1491:3, 1491:7
otherwise [3] - 1368:11, 1398:17,
1449:1
ourselves [1] - 1369:22
outcome [2] - 1405:5, 1459:11
outer [1] - 1554:4
outpatient [3] - 1341:2, 1347:3,
1373:10
outside [19] - 1310:19, 1360:12,
1365:17, 1366:1, 1377:23, 1378:1,
1383:24, 1384:1, 1402:7, 1408:20,
1409:1, 1432:23, 1443:20, 1452:13,
1453:1, 1521:11, 1539:21, 1541:1,
1553:22
outstanding [1] - 1343:20
oval [1] - 1359:15
oval-shaped [1] - 1359:15
overall [2] - 1339:23, 1368:9
overlap [2] - 1357:15, 1486:15
overlapping [2] - 1350:2, 1486:16
overly [1] - 1540:3
overnight [2] - 1327:21, 1491:10
```

1478:11, 1482:18, 1484:11, 1494:19,

overrule [1] - 1433:7 overruled [8] - 1406:15, 1410:5, 1465:8, 1521:13, 1536:16, 1540:5, 1540:17, 1541:2

Overruled [15] - 1448:5, 1478:23, 1509:2, 1509:15, 1542:21, 1543:18, 1544:6, 1544:22, 1551:7, 1553:23, 1554:19, 1556:11, 1560:17, 1561:5, 1562:4

owed [1] - 1333:9

own [14] - 1336:19, 1337:20, 1339:6, 1372:24, 1435:12, 1489:1, 1498:6, 1507:7, 1524:6, 1530:4, 1540:25, 1543:11, 1557:20

owner[1] - 1341:7 ownership [1] - 1341:6 owns [1] - 1315:10

P

P.C [1] - 1315:7 PAGE [1] - 1564:3

page [82] - 1302:10, 1302:14, 1310:24, 1314:25, 1320:5, 1320:14, 1320:16, 1322:10, 1322:12, 1331:9, 1341:14, 1355:24, 1365:18, 1371:14, 1376:15, 1377:7, 1377:8, 1377:10, 1377:24, 1379:7, 1381:22, 1383:25, 1387:24, 1390:24, 1392:17, 1392:19, 1393:12, 1397:1, 1398:16, 1401:17, 1408:21, 1411:4, 1412:14, 1413:20, 1419:25, 1422:12, 1424:7, 1435:14, 1435:15, 1435:22, 1438:6, 1440:21, 1442:11, 1444:17, 1444:23, 1445:1, 1445:2, 1445:25, 1446:16, 1447:2, 1447:14, 1448:11, 1451:21, 1451:23, 1452:5, 1452:15, 1455:11, 1459:16, 1463:22, 1463:23, 1463:25, 1464:1, 1464:3, 1465:22, 1466:17, 1472:13, 1472:14, 1473:10, 1475:12, 1495:23, 1511:12, 1511:18, 1511:22, 1511:23, 1517:23, 1519:13, 1526:3, 1535:5, 1535:25, 1541:5, 1556:14

pages [28] - 1302:8, 1312:1, 1314:24, 1315:1, 1320:8, 1320:15, 1320:17, 1321:2, 1322:12, 1325:17, 1348:10, 1375:23, 1376:5, 1395:19, 1395:21, 1408:4, 1412:18, 1413:15, 1449:5, 1449:6, 1449:10, 1452:4, 1514:18, 1515:23, 1526:8, 1534:19, 1534:20, 1534:21

paid [10] - 1315:14, 1321:4, 1321:6, 1321:10, 1324:2, 1328:9, 1333:17, 1368:4, 1368:6, 1532:14 pain [164] - 1315:10, 1337:18, 1338:20, 1341:11, 1341:17, 1341:22, 1341:24,

1342:1, 1346:3, 1346:23, 1351:10, 1351:17, 1352:2, 1352:12, 1353:21, 1354:4, 1356:13, 1362:3, 1362:4,

1362:8, 1362:9, 1362:10, 1362:21,

1362:22, 1364:24, 1392:8, 1392:22, 1397:22, 1398:1, 1398:3, 1400:1, 1400:14, 1400:16, 1401:9, 1401:14, 1402:15, 1402:18, 1403:10, 1403:11, 1403:18, 1404:3, 1404:6, 1404:8, 1404:9, 1404:18, 1405:8, 1407:4, 1407:18, 1413:6, 1417:17, 1418:11, 1426:5, 1426:9, 1426:17, 1426:20, 1454:14, 1470:16, 1470:17, 1472:8, 1477:14, 1477:16, 1478:7, 1479:10, 1479:13, 1479:14, 1480:12, 1481:21, 1482:1, 1482:23, 1488:20, 1496:4, 1496:5, 1496:6, 1497:8, 1497:23, 1498:2, 1498:14, 1498:23, 1499:8, 1499:18, 1499:22, 1499:24, 1500:6, 1500:12, 1500:15, 1500:16, 1500:19, 1500:23, 1500:24, 1501:14, 1508:6, 1508:9, 1508:20, 1508:22, 1508:24, 1509:8, 1513:24, 1514:1, 1514:7, 1514:21, 1514:22, 1515:12, 1515:14, 1515:17, 1517:18, 1517:20, 1517:21, 1518:3, 1518:8, 1518:10, 1519:3, 1519:10, 1520:13, 1520:16, 1520:17, 1520:19, 1520:21, 1521:1, 1522:8, 1522:10, 1522:17, 1524:20, 1525:10, 1525:12, 1525:18, 1525:19, 1526:12, 1526:19, 1527:3, 1527:7, 1527:16, 1527:20, 1538:10, 1542:23, 1550:10, 1551:21, 1554:12, 1554:13, 1554:16, 1554:21, 1555:21, 1555:25, 1556:1, 1556:9, 1556:13, 1560:2, 1560:14, 1560:15, 1560:23, 1561:3, 1562:1, 1562:18, 1562:22 pain/right [1] - 1392:3 painful [3] - 1353:22, 1355:21, 1405:21 palpated [2] - 1520:12, 1524:19 palpates [1] - 1501:13 palpation [2] - 1518:23, 1518:24 paper [2] - 1314:21, 1486:17 papers [1] - 1481:2 paragraph [6] - 1507:24, 1508:1, 1535:19, 1536:1, 1547:10 parallel [2] - 1360:8, 1548:11 paralysis [1] - 1407:14 parcel [1] - 1364:16 parents [1] - 1488:23

parse [1] - 1368:2 part [63] - 1306:2, 1307:24, 1313:21, 1324:2, 1326:11, 1333:5, 1336:18, 1336:19, 1337:8, 1339:24, 1341:7, 1341:16, 1342:24, 1351:3, 1351:23, 1355:7, 1358:13, 1360:16, 1361:6, 1361:15, 1364:16, 1372:13, 1372:14, 1373:23, 1381:14, 1404:5, 1404:12, 1406:7, 1406:22, 1423:13, 1442:11, 1443:3, 1446:23, 1462:10, 1463:15, 1464:9, 1466:25, 1467:13, 1469:12, 1471:9, 1471:25, 1492:13, 1492:14, 1499:17, 1502:24, 1504:1, 1504:2,

1507:11, 1510:4, 1510:5, 1513:20, 1521:4, 1524:12, 1526:8, 1533:12, 1533:13, 1538:4, 1554:4, 1557:10, 1560:10

partial [3] - 1357:20, 1472:22 particular [57] - 1342:23, 1351:20, 1354:16, 1357:2, 1357:5, 1357:6, 1357:9, 1357:10, 1357:11, 1360:24, 1363:10, 1372:25, 1373:2, 1374:11, 1384:13, 1391:12, 1400:18, 1400:25, 1401:3, 1402:8, 1402:17, 1426:15, 1427:19, 1428:21, 1429:4, 1432:22, 1436:12, 1439:21, 1448:3, 1451:13, 1453:4, 1462:2, 1462:8, 1462:17, 1463:13, 1463:22, 1465:23, 1467:11, 1469:6, 1469:12, 1470:25, 1471:3, 1471:23, 1474:5, 1474:7, 1475:4, 1475:14, 1480:13, 1481:23, 1505:19, 1524:2, 1525:3, 1540:11, 1544:14, 1549:25, 1550:1, 1556:12 particularly [5] - 1305:2, 1462:22, 1468:22, 1478:7, 1546:4 parties [1] - 1553:12

partly [1] - 1489:19 partner [1] - 1346:7 Partners [3] - 1315:14, 1347:17,

1423:24

partners [1] - 1550:21 parts [4] - 1378:7, 1380:10, 1443:13, 1530:4

passed [1] - 1472:5 passenger [1] - 1517:7 past [4] - 1368:9, 1368:15, 1380:15, 1407:8

patch [3] - 1357:2, 1357:5, 1357:11 patches [3] - 1356:23, 1357:24, 1427:8

pathology [1] - 1325:9 pathway [1] - 1466:13

pathways [1] - 1361:6 patient [65] - 1340:4, 1340:9, 1340:14, 1342:1, 1352:20, 1352:21, 1353:16, 1353:18, 1357:19, 1374:25, 1382:23, 1401:4, 1404:6, 1404:16, 1405:17, 1406:9, 1406:18, 1407:4, 1421:16,

1431:10, 1435:13, 1470:15, 1484:19, 1484:21, 1484:25, 1485:6, 1487:6, 1500:18, 1509:6, 1510:11, 1511:7, 1512:3, 1512:14, 1512:20, 1514:8, 1524:9, 1524:11, 1529:25, 1530:3, 1530:8, 1530:11, 1533:16, 1535:3, 1535:12, 1535:14, 1536:12, 1536:13, 1536:14, 1536:21, 1536:24, 1537:4,

1538:2, 1539:18, 1539:23, 1540:12, 1548:4, 1550:17, 1552:1, 1552:3,

patient's [4] - 1356:10, 1488:25, 1514:7, 1529:25

1553:7, 1553:14, 1555:19

Patient's [1] - 1508:5 patients [52] - 1305:10, 1305:11,

```
1309:2, 1336:15, 1336:21, 1337:4,
1338:10, 1338:15, 1338:22, 1339:13,
1340:1, 1340:18, 1340:20, 1340:23,
1341:2, 1341:11, 1342:1, 1343:2,
1353:23, 1356:5, 1362:5, 1364:17,
1364:20, 1364:22, 1400:22, 1400:23,
1403:16, 1406:10, 1479:8, 1480:23,
1481:3, 1485:8, 1488:11, 1488:17,
1498:17, 1499:13, 1500:11, 1546:5,
1547:20, 1547:23, 1548:19, 1549:13,
1553:2, 1553:3, 1558:14, 1559:4,
1559:6, 1559:9, 1559:21
patients' [1] - 1406:23
Pause [1] - 1434:12
pause [4] - 1322:21, 1324:10, 1448:18,
1504:20
pay [6] - 1306:5, 1326:11, 1326:13,
1333:19, 1333:21, 1334:14
payment [4] - 1323:5, 1328:15,
1331:5, 1333:9
payments [4] - 1334:2, 1368:19,
1368:22, 1369:3
PC [1] - 1528:16
Peachey [1] - 1507:2
pedicle [11] - 1427:15, 1428:11,
1428:23, 1428:24, 1432:1, 1440:7,
1445:17, 1474:8, 1474:19
pedicles [2] - 1429:15, 1473:6
peer [1] - 1344:2
peer-reviewed [1] - 1344:2
pelvis [1] - 1353:10
pen [1] - 1486:17
penalties [1] - 1536:4
Pennsylvania [2] - 1348:21, 1365:3
people [10] - 1302:19, 1303:3, 1304:7,
1305:3, 1305:5, 1309:9, 1489:12,
1517:5, 1558:18, 1559:15
people's [1] - 1407:10
peoples [1] - 1490:5
per [6] - 1309:19, 1418:16, 1481:1,
1481:19, 1481:22, 1482:11
percent [25] - 1317:12, 1317:14,
1317:16, 1324:2, 1328:25, 1339:14,
1339:17, 1339:18, 1339:24, 1339:25,
1340:11, 1340:12, 1401:6, 1429:17,
1481:1, 1481:3, 1534:1, 1546:5,
1546:8, 1546:15, 1546:19, 1549:12
percentage [5] - 1339:22, 1339:25,
1340:1, 1340:9, 1534:3
percentages [1] - 1545:16
perfect [2] - 1462:21, 1472:14
perform [1] - 1341:24
performed [21] - 1352:13, 1371:18,
1371:23, 1392:24, 1396:13, 1400:2,
1412:10, 1417:19, 1417:21, 1421:10,
1427:13, 1432:19, 1435:11, 1453:17,
1456:10, 1472:19, 1472:21, 1472:24,
1517:2, 1535:7, 1536:13
performing [2] - 1524:12, 1531:25
performs [1] - 1482:6
```

```
perhaps [4] - 1374:20, 1485:5,
1496:23, 1507:6
perish [1] - 1484:22
perjury [1] - 1536:5
permission [2] - 1354:9, 1354:12
person [4] - 1302:23, 1499:3, 1499:22,
1552:23
personally [3] - 1458:15, 1536:13,
1537:3
personnel [1] - 1560:6
perspective [2] - 1458:22, 1459:13
pertains [1] - 1451:11
pharmacy [3] - 1325:8, 1376:18,
1377:12
phase [1] - 1351:4
phenomenon [1] - 1480:4
phone [2] - 1487:14, 1536:21
phonetic) [1] - 1452:6
physiatrist [2] - 1341:23, 1425:10
Physical [4] - 1383:1, 1383:13,
1388:11, 1390:15
physical [40] - 1337:19, 1338:20,
1346:1, 1349:8, 1351:13, 1364:18,
1365:13, 1382:22, 1382:24, 1383:4,
1383:12, 1385:8, 1388:14, 1388:19,
1388:21, 1389:10, 1390:14, 1407:9,
1426:25, 1457:25, 1478:8, 1480:16,
1481:24, 1488:20, 1497:10, 1501:15,
1507:23, 1513:19, 1513:21, 1513:25,
1514:17, 1518:16, 1523:9, 1525:6,
1527{:}12,\,1527{:}15,\,1540{:}14,\,1542{:}6,
1542:18, 1550:23
physically [2] - 1507:22, 1516:25
physician [17] - 1341:23, 1458:25,
1459:3, 1459:6, 1485:2, 1488:11,
1496:8, 1517:22, 1518:18, 1520:12,
1524:10, 1524:12, 1529:12, 1531:22,
1536:24, 1536:25, 1553:3
physician's [1] - 1524:9
physicians [12] - 1315:3, 1315:5,
1390:6, 1400:2, 1400:13, 1427:5,
1476:15, 1499:13, 1529:25, 1530:16,
1531:19, 1537:17
physiological [1] - 1498:7
physiotherapy [1] - 1392:21
pictures [1] - 1409:7
piece [5] - 1356:22, 1356:25, 1544:24,
1560:22
pierce [4] - 1403:5, 1429:19, 1430:21,
1443:2
piercing [1] - 1403:4
pilot [1] - 1498:20
pinpoint [2] - 1405:7
pinprick [1] - 1553:11
pins [1] - 1402:18
pitches [1] - 1429:8
place [10] - 1305:2, 1308:7, 1384:1,
1409:1, 1429:7, 1430:16, 1453:1,
1469:11, 1474:11, 1474:20
placed [4] - 1356:22, 1429:16,
```

```
1437:20, 1472:1
placement [6] - 1429:22, 1430:11,
1437:17, 1440:7, 1444:7, 1473:1
places [2] - 1338:17, 1386:20
plaintiff [35] - 1317:17, 1322:24,
1322:25, 1323:10, 1323:12, 1323:16,
1330:7, 1330:9, 1340:11, 1344:8,
1374:4, 1374:5, 1377:17, 1379:3,
1383:20, 1389:19, 1394:3, 1395:7,
1397:2, 1398:13, 1399:13, 1407:17,
1408:3, 1412:17, 1415:12, 1416:14,
1417:8, 1417:25, 1423:5, 1423:17,
1424:12, 1432:10, 1450:20, 1451:9,
1532:11
Plaintiff [4] - 1300:4, 1300:16,
1300:21, 1335:12
Plaintiff's [70] - 1320:1, 1322:17,
1322:22, 1326:24, 1327:2, 1330:16,
1335:2, 1370:4, 1371:3, 1374:7,
1374:19, 1375:21, 1376:11, 1377:20,
1382:17, 1388:4, 1389:23, 1394:7,
1395:14, 1395:20, 1397:5, 1398:20,
1399:17, 1412:4, 1415:15, 1415:22,
1419:13, 1419:23, 1422:15, 1423:11,
1423:17, 1423:20, 1424:16, 1424:24,
1434:17, 1448:7, 1450:1, 1450:25,
1452:2, 1457:2, 1461:6, 1508:8,
1564:12, 1564:14, 1564:16, 1564:18,
1564:20, 1564:22, 1564:24, 1565:2,
1565:4, 1565:6, 1565:8, 1565:10,
1565:12, 1565:17, 1566:2, 1566:4,
1566:6, 1566:8, 1566:10, 1566:12,
1566:14, 1566:16, 1566:18, 1566:20,
1566:22, 1566:24, 1567:2, 1567:4
plaintiff's [12] - 1320:18, 1325:19,
1326:20, 1412:23, 1417:13, 1418:4,
1418:23, 1565:14, 1565:19, 1565:22,
1565:25
plaintiffs [2] - 1340:1, 1340:3
Plaintiffs [1] - 1300:15
plan [3] - 1478:16, 1523:10, 1526:2
plate [1] - 1432:4
play [4] - 1403:25, 1520:20, 1532:5,
1562:11
Plaza [1] - 1301:17
plead [1] - 1444:17
plexus [3] - 1353:10, 1353:11, 1442:21
PLL [2] - 1463:3, 1463:4
plus [1] - 1339:14
pneumonia [3] - 1477:17, 1477:18,
1477:21
point [44] - 1302:25, 1304:5, 1306:20,
1307:8, 1308:20, 1308:25, 1310:1,
1312:9, 1321:9, 1339:1, 1344:7,
1367:1, 1370:15, 1374:4, 1374:5,
1395:6, 1402:3, 1402:11, 1406:16,
1425:1, 1425:6, 1425:25, 1430:1,
1430:11, 1439:12, 1447:22, 1460:5,
1460:6, 1472:8, 1479:2, 1479:3,
1482:22, 1487:20, 1488:18, 1492:3,
```

1493:11, 1505:12, 1511:18, 1512:18, 1523:16, 1543:8, 1548:2, 1551:1 pointing [1] - 1526:23 pop [3] - 1491:10, 1498:19, 1498:22 populating [1] - 1351:7 portion [11] - 1360:1, 1360:4, 1360:5, 1421:7, 1463:17, 1468:20, 1470:6, 1470:12, 1472:6, 1514:7, 1535:23 portions [1] - 1449:21 position [3] - 1313:12, 1316:7, 1467:12 positions [1] - 1342:16 possibility [1] - 1319:3 possible [4] - 1462:19, 1480:19, 1490:13. 1505:5 post [21] - 1304:18, 1322:8, 1322:11, 1323:4, 1328:19, 1331:6, 1331:7, 1332:23, 1334:2, 1334:7, 1368:2, 1368:18, 1368:21, 1390:25, 1391:1, 1391:3, 1391:4, 1391:6, 1469:10, 1472:10 post-accident [1] - 1469:10 post-April [1] - 1472:10 post-surgical [2] - 1322:8, 1322:11 post-traumatic [5] - 1390:25, 1391:1, 1391:3, 1391:4, 1391:6 post-trial [11] - 1304:18, 1323:4, 1328:19, 1331:6, 1331:7, 1332:23, 1334:7, 1368:2, 1368:18, 1368:21 posterior [7] - 1437:15, 1439:13, 1441:23, 1444:19, 1462:25, 1463:15, 1547:13 postoperative [5] - 1397:20, 1397:24, 1398:1, 1425:21, 1472:17 potential [1] - 1402:21 potentially [1] - 1305:8 practice [31] - 1315:10, 1337:20, 1337:21, 1338:2, 1338:6, 1338:9, 1338:16, 1338:18, 1338:24, 1339:6, 1339:10, 1339:14, 1339:17, 1339:20, 1339:22, 1339:23, 1339:24, 1341:10, 1341:21, 1341:25, 1488:10, 1536:3, 1551:8, 1551:9, 1551:17, 1551:21, 1551:22, 1551:23, 1552:14, 1558:19 practiced [1] - 1339:4 practicing [2] - 1337:14, 1340:4 pre [5] - 1345:8, 1386:18, 1432:12, 1470:2, 1494:16 pre-accident [1] - 1494:16 pre-agreeable [1] - 1386:18 pre-incident [1] - 1345:8 pre-marked [1] - 1432:12 pre-signal [1] - 1470:2 preamble [1] - 1547:18 precise [1] - 1430:15 precisely [1] - 1429:16 Precision [6] - 1346:9, 1351:22, 1396:2, 1397:13, 1399:1, 1475:17 precluding [1] - 1303:1 preexisted [2] - 1494:4, 1550:4

preexisting [4] - 1489:25, 1491:23, 1494:9, 1522:3 pregnant [2] - 1402:12, 1402:14 preoperative [2] - 1396:19, 1431:10 preparation [1] - 1532:23 prepared [3] - 1318:10, 1345:18, 1551:4 preparing [1] - 1443:23 preponderance [1] - 1480:24 prescribe [2] - 1485:6, 1500:5 prescribed [4] - 1371:19, 1426:14, 1426:15. 1427:2 presence [2] - 1311:23, 1334:3 present [12] - 1302:1, 1388:1, 1456:1, 1472:4, 1472:7, 1507:25, 1508:3, 1509:20, 1515:2, 1515:7, 1535:23, 1537:8 presented [3] - 1352:2, 1371:2, 1484:13 presently [1] - 1343:25 preserve [3] - 1498:7, 1562:7, 1562:12 preserved [1] - 1453:10 preserving [1] - 1498:9 presiding [1] - 1302:2 pressure [14] - 1352:25, 1404:1, 1404:11, 1480:1, 1480:2, 1480:3, 1480:4, 1480:16, 1482:24, 1483:10, 1483:11, 1500:9, 1507:19, 1543:25 pretrial [3] - 1331:3, 1453:10, 1460:19 Pretrial [1] - 1386:3 pretty [2] - 1391:4, 1430:23 prevent [1] - 1332:22 previously [6] - 1409:20, 1410:13, 1415:7, 1451:3, 1453:11, 1469:20 price [1] - 1399:5 pricing [3] - 1309:10, 1309:19, 1399:4 primarily [1] - 1344:5 primary [3] - 1400:11, 1401:14, 1503:2 principles [2] - 1364:4, 1364:21 print [1] - 1316:15 printing [1] - 1447:9 printout [1] - 1487:25 probability [2] - 1476:13, 1538:25 probable [1] - 1558:9 probe [1] - 1404:25 problem [25] - 1305:25, 1306:8, 1308:25, 1309:21, 1311:22, 1312:19, 1313:1, 1316:5, 1318:21, 1319:1, 1327:24, 1332:14, 1337:3, 1358:3, 1376:9, 1384:24, 1400:19, 1400:20, 1401:3, 1401:7, 1404:12, 1409:24, 1478:7, 1500:1, 1545:9 problematic [1] - 1466:1 problems [12] - 1336:15, 1339:14, 1351:17, 1352:1, 1355:20, 1384:7, 1384:17, 1403:25, 1462:16, 1467:23, 1479:16, 1489:21 procedure [11] - 1324:22, 1400:22,

procedures [16] - 1326:7, 1337:8, 1346:23, 1400:2, 1405:9, 1405:18, 1405:23, 1405:25, 1406:1, 1406:2, 1407:5, 1407:18, 1439:21, 1454:14, 1484:4. 1531:25 proceed [5] - 1388:2, 1408:16, 1412:1, 1448:19, 1456:2 proceeding [1] - 1368:19 Proceedings [1] - 1301:18 process [7] - 1403:23, 1437:21, 1437:23, 1443:1, 1443:12, 1443:22, 1444:6 produce [2] - 1405:1, 1454:21 produced [7] - 1301:19, 1312:12, 1312:17, 1321:21, 1400:17, 1453:4, professional [13] - 1327:10, 1327:15, 1328:3, 1328:6, 1329:14, 1343:24, 1412:11, 1413:18, 1413:19, 1435:7, 1435:11, 1437:11, 1439:4 professionals [1] - 1560:15 proffer [5] - 1304:12, 1304:15, 1304:17, 1309:4, 1549:16 prognostication [1] - 1513:3 program [1] - 1329:24 progression [1] - 1557:15 proof [11] - 1305:21, 1306:9, 1306:12, 1307:4, 1307:6, 1307:7, 1307:9, 1308:25, 1317:16, 1317:18, 1456:25 proper [2] - 1337:3, 1444:7 properly [3] - 1444:8, 1476:22, 1483:11 proportional [1] - 1498:24 proposed [1] - 1369:10 protrusion [7] - 1467:24, 1475:21, 1476:3, 1491:20, 1493:4, 1493:14, 1496:15 Provder [2] - 1478:16, 1478:24 Provder's [1] - 1482:15 Provenzale [8] - 1465:10, 1493:24, 1502:6, 1502:13, 1502:16, 1503:16, 1504:9, 1505:1 provide [8] - 1316:2, 1345:11, 1389:10, 1435:13, 1458:24, 1483:12, 1545:21, 1546:18 provided [34] - 1310:16, 1311:25, 1312:9, 1313:20, 1317:22, 1320:25, 1330:7, 1356:15, 1372:21, 1373:1, 1377:2, 1378:4, 1383:6, 1383:13, 1402:6, 1407:1, 1421:12, 1421:14, 1450:12, 1452:6, 1453:12, 1453:24, 1456:6, 1459:7, 1476:14, 1477:7, 1482:24, 1518:4, 1520:12, 1530:3, 1532:24, 1542:14, 1545:1, 1546:3 provider [11] - 1314:5, 1368:10, 1369:12, 1369:16, 1369:18, 1384:5, 1384:8, 1386:12, 1453:23, 1501:20, 1553:15 providers [15] - 1350:22, 1351:21,

1406:7, 1406:8, 1406:22, 1435:11,

1443:3, 1444:6, 1482:7, 1533:23,

32

1364:17, 1364:19, 1369:19, 1380:20, 1384:18, 1399:25, 1516:17, 1522:7, 1527:2, 1533:22, 1539:20, 1550:25 proving [1] - 1333:21 proximity [2] - 1463:4, 1557:11 psychiatric [1] - 1308:13 psychiatrist [2] - 1355:21, 1355:23 psychiatrists [1] - 1338:20 psychological [5] - 1420:18, 1457:15, 1457:18, 1457:24, 1562:8 PT[1] - 1365:14 public [1] - 1481:10 **publication** [1] - 1460:16 publications [2] - 1344:2, 1344:5 publish [6] - 1374:14, 1460:7, 1460:8, 1481:15, 1506:13, 1534:15 published [3] - 1344:1, 1461:12, 1506:14 **publishing** [1] - 1506:3 **pull** [3] - 1506:15, 1511:4, 1538:3 pulling [2] - 1506:22, 1524:2 pupils [1] - 1513:15 pure [1] - 1470:14 purpose [5] - 1305:17, 1369:18, 1397:19, 1400:11, 1479:19 purposes [4] - 1369:16, 1394:19, 1418:7, 1449:8 push [3] - 1357:16, 1506:1, 1554:6 pushed [1] - 1462:23 pushing [2] - 1492:5, 1492:7 put [23] - 1328:17, 1329:24, 1330:10, 1330:25, 1333:22, 1337:8, 1371:25, 1384:11, 1384:14, 1402:8, 1402:13, 1402:18, 1404:22, 1404:23, 1429:12, 1431:20, 1451:5, 1459:12, 1474:22, 1486:17, 1507:12, 1527:14, 1551:20 putting [11] - 1312:18, 1328:24, 1330:11, 1352:25, 1402:21, 1403:3, 1404:1, 1407:10, 1437:23, 1443:13, 1547:5

Q

quadricep [2] - 1514:22, 1515:17 quadricept [2] - 1522:17, 1527:7 quadricepts [1] - 1363:1 qualifications [2] - 1393:1, 1478:19 qualified [1] - 1306:13 quantification [1] - 1497:20 questions [16] - 1329:15, 1388:7, 1394:20, 1406:2, 1476:8, 1485:21, 1486:6, 1493:23, 1502:8, 1514:15, 1537:14, 1537:20, 1551:20, 1552:21, 1556:2, 1558:22 quick [6] - 1345:20, 1428:5, 1468:4, 1545:6, 1545:11, 1556:2 quickly [4] - 1375:16, 1387:18, 1404:14, 1558:23 quite [1] - 1315:2

R

Rabin [2] - 1493:24, 1503:16

radiating [6] - 1352:12, 1362:21,

1514:21, 1515:14, 1519:10, 1522:10

RA [1] - 1513:5

radiation [1] - 1527:5 radiculopathy [8] - 1351:12, 1351:18, 1352:2, 1355:20, 1426:5, 1426:9, 1477:15, 1497:9 radio [4] - 1341:18, 1404:22, 1404:25, 1405:1 radiographic [1] - 1474:17 radiological [1] - 1336:20 radiologist [5] - 1465:10, 1466:10, 1475:16, 1502:18, 1505:7 radiologists [1] - 1346:8 radiology [3] - 1336:19, 1346:6, 1458:23 Radiology [5] - 1346:9, 1347:21, 1397:13, 1399:1, 1421:24 raise [10] - 1335:3, 1352:20, 1352:23, 1353:22, 1355:10, 1361:10, 1537:13, 1537:20, 1540:14, 1553:9 raised [4] - 1302:5, 1304:1, 1505:12, 1510:21 raises [1] - 1355:5 raising [2] - 1311:3, 1361:7 Rambirch [2] - 1303:14, 1304:6 Ramirez [1] - 1303:14 **RAMON** [1] - 1300:12 Ramon [1] - 1302:2 Rampersaud [1] - 1303:14 randomly [1] - 1471:20 range [10] - 1362:2, 1373:4, 1373:12, 1383:4, 1393:23, 1441:16, 1524:22, 1525:7, 1525:12, 1526:12 ranges [1] - 1389:9 rate [7] - 1393:24, 1422:6, 1443:5, 1443:25, 1444:10, 1444:11, 1480:25 rates [3] - 1372:21, 1443:15, 1446:21 rather [1] - 1368:9 ray [19] - 1338:19, 1395:2, 1402:9, 1421:24, 1430:3, 1430:19, 1436:16, 1436:25, 1444:6, 1446:13, 1451:4, 1451:14, 1451:15, 1474:4, 1474:17, 1477:19, 1485:5, 1555:22 **RAYMOND** [1] - 1300:18 rays [10] - 1345:10, 1392:14, 1398:9, 1422:4, 1422:6, 1435:18, 1444:4, 1446:20, 1446:22, 1477:19 Razudian [1] - 1452:6 re [3] - 1445:6, 1445:7, 1459:5 re-establish [1] - 1459:5 re-exploration [2] - 1445:6, 1445:7 reaction [1] - 1368:14 read [21] - 1398:10, 1432:25, 1433:5, 1433:6, 1435:24, 1475:17, 1484:7, 1484:15, 1484:16, 1493:24, 1504:21,

1504:23, 1518:15, 1535:23, 1536:1, 1536:2, 1536:7, 1536:11, 1537:3, 1542:3, 1542:7 reading [3] - 1517:6, 1543:19, 1547:15 readmitted [1] - 1434:15 ready [7] - 1324:12, 1334:20, 1334:21, 1370:5, 1371:1, 1387:20, 1481:16 real [5] - 1375:16, 1428:5, 1553:20, 1555:17, 1557:5 realize [1] - 1533:13 really [19] - 1302:14, 1311:23, 1326:25, 1351:3, 1353:22, 1381:21, 1409:12, 1412:15, 1429:23, 1430:15, 1458:21, 1466:9, 1498:15, 1498:22, 1540:6, 1540:10, 1544:23, 1553:16, 1560:18 reason [18] - 1308:9, 1308:11, 1330:12, 1368:15, 1373:8, 1397:25, 1403:15, 1404:6, 1410:12, 1428:25, 1482:22, 1530:13, 1534:2, 1539:15, 1556:6, 1557:3, 1557:8 reasonability [1] - 1308:6 reasonable [126] - 1305:17, 1306:10, 1306:14, 1306:19, 1308:16, 1308:22, 1309:5, 1309:7, 1311:2, 1311:6, 1311:18, 1311:19, 1312:7, 1312:25, 1318:20, 1330:5, 1331:1, 1349:4, 1349:9, 1350:11, 1364:12, 1364:14, 1365:6, 1365:8, 1367:8, 1367:13, 1371:11, 1371:23, 1371:24, 1372:8, 1372:12, 1372:21, 1373:5, 1373:18, 1373:22, 1375:8, 1376:2, 1377:3, 1380:25, 1381:4, 1382:8, 1382:10, 1383:14, 1383:16, 1389:6, 1389:14, 1393:9, 1393:11, 1393:22, 1393:23, 1393:24, 1394:20, 1399:11, 1407:23, 1407:25, 1413:9, 1413:17, 1416:11, 1416:13, 1417:2, 1417:4, 1417:22, 1418:8, 1418:13, 1419:5, 1420:3, 1421:3, 1421:15, 1421:17, 1421:18, 1422:3, 1422:6, 1434:1, 1434:3, 1435:20, 1436:13, 1436:18, 1441:14, 1442:13, 1443:4, 1443:5, 1443:9, 1443:15, 1443:17, 1443:25, 1444:1, 1444:10, 1444:14, 1444:15, 1445:12, 1445:13, 1446:4, 1446:7, 1446:9, 1446:11, 1446:14, 1446:19, 1446:22, 1446:23, 1447:3, 1447:6, 1447:12, 1450:14, 1455:1, 1456:19, 1456:21, 1457:8, 1457:10, 1457:22, 1458:2, 1458:9, 1458:12, 1476:12, 1477:4, 1480:21, 1481:5, 1483:20, 1485:17, 1493:13, 1495:5, 1495:10, 1497:1, 1497:5, 1534:9, 1538:24 reasonableness [8] - 1306:22, 1345:11, 1345:12, 1345:13, 1349:12, 1373:13, 1400:4, 1533:24 reasonably [4] - 1445:18, 1447:18, 1448:13, 1478:20 reasons [5] - 1415:17, 1426:23,

```
1427:9, 1484:13, 1493:17
reboot [1] - 1468:5
rebuttal [3] - 1458:24, 1465:3, 1467:19
rec [1] - 1447:5
receive [10] - 1306:18, 1374:17,
1375:20, 1381:17, 1382:16, 1398:19,
1409:15, 1412:2, 1434:15, 1448:5
Received [1] - 1389:22
received [97] - 1303:12, 1304:4,
1333:2, 1343:15, 1343:18, 1343:22,
1344:11, 1345:7, 1350:7, 1371:10,
1371:11, 1374:19, 1375:21, 1376:3,
1376:10, 1376:11, 1377:19, 1377:20,
1380:3, 1381:18, 1382:17, 1383:1,
1383:15, 1388:4, 1388:21, 1389:24,
1390:15, 1394:6, 1394:7, 1395:17,
1395:20, 1397:4, 1397:5, 1398:20,
1399:16, 1399:17, 1407:24, 1412:4,
1412:22, 1412:24, 1415:14, 1415:15,
1416:12, 1417:12, 1417:14, 1418:3,
1418:5, 1418:22, 1418:23, 1419:12,
1419:13, 1419:22, 1419:23, 1422:14,
1422:15, 1423:10, 1423:11, 1423:19,
1423:20, 1424:15, 1424:16, 1424:23,
1424:24, 1434:1, 1434:17, 1445:18,
1448:7, 1449:25, 1450:1, 1450:24,
1450:25, 1452:1, 1452:2, 1453:22,
1456:22, 1456:25, 1457:2, 1457:8,
1457:9, 1457:19, 1457:21, 1457:23,
1461:5, 1461:7, 1469:10, 1510:24,
1516:6, 1516:7, 1522:25, 1523:1,
1525:24, 1528:13, 1528:14, 1534:22,
1534:23
recent [5] - 1463:17, 1469:14, 1531:6,
1542:5
recently [1] - 1531:5
receptionist [2] - 1305:7, 1309:16
recess [5] - 1359:24, 1360:18,
1361:16, 1361:23, 1414:10
Recess [1] - 1468:7
recognize [2] - 1332:5, 1447:4
recognized [1] - 1372:18
recollection [3] - 1347:24, 1370:11,
1504:18
recommend [1] - 1405:20
recommended [2] - 1392:20, 1392:21
reconstruct [3] - 1337:9, 1429:6,
1431:4
reconstructed [1] - 1444:9
reconstructive [2] - 1337:5, 1337:8
Record [2] - 1484:16, 1504:23
record [43] - 1302:9, 1312:5, 1312:13,
1320:24, 1321:3, 1371:4, 1378:14,
1382:4, 1383:18, 1387:14, 1391:23,
1393:16, 1394:12, 1398:21, 1398:25,
1412:8, 1414:8, 1414:9, 1416:23,
1429:10, 1432:18, 1433:6, 1457:5,
1461:13, 1506:20, 1506:25, 1509:7,
1510:5, 1510:6, 1510:19, 1510:20,
1510:21, 1511:16, 1511:17, 1511:20,
```

```
1514:5, 1516:14, 1526:10, 1532:22,
1538:17, 1543:23, 1550:10
recorded [1] - 1301:18
recording [1] - 1351:16
Records [1] - 1347:17
records [205] - 1305:11, 1315:15,
1317:21, 1319:2, 1319:7, 1321:1,
1324:20, 1326:9, 1328:2, 1328:14,
1340:10, 1345:6, 1345:8, 1345:11,
1345:15, 1345:21, 1345:23, 1345:25,
1346:3, 1346:5, 1346:11, 1346:13,
1346:15, 1346:22, 1346:25, 1347:4,
1347:7, 1347:10, 1347:11, 1347:13,
1347:14, 1347:17, 1347:20, 1348:1,
1348:3, 1348:5, 1348:8, 1348:11,
1348:14, 1348:16, 1348:20, 1349:18,
1349:20, 1349:23, 1350:1, 1351:7,
1351:9, 1351:10, 1355:18, 1356:15,
1358:23, 1361:19, 1362:19, 1363:9,
1363:10, 1364:8, 1364:12, 1365:3,
1365:5, 1365:13, 1370:12, 1374:25,
1375:1, 1375:6, 1375:14, 1375:23,
1378:4, 1378:7, 1380:12, 1380:18,
1380:24, 1381:6, 1382:20, 1382:21,
1382:22, 1382:23, 1383:7, 1384:5,
1384:7, 1384:11, 1384:16, 1384:21,
1385:5, 1385:8, 1386:14, 1388:9,
1390:3, 1390:5, 1390:6, 1396:14,
1399:21, 1399:23, 1400:5, 1402:7,
1409:3, 1409:5, 1409:8, 1409:18,
1409:21, 1416:2, 1416:7, 1417:15,
1417:16, 1418:25, 1419:3, 1421:3,
1422:18, 1423:2, 1435:1, 1447:6,
1447:8, 1447:9, 1448:1, 1448:25,
1449:2, 1449:4, 1449:15, 1449:19,
1453:15, 1453:19, 1453:20, 1459:10,
1469:9, 1470:16, 1476:9, 1476:13,
1477:7, 1477:9, 1477:16, 1477:25,
1484:7, 1486:13, 1487:19, 1487:23,
1488:2, 1488:4, 1488:8, 1497:6,
1501:5, 1501:23, 1501:25, 1502:2,
1505:21, 1505:22, 1506:5, 1509:13,
1509:21, 1510:2, 1510:14, 1510:15,
1515:20, 1516:11, 1516:19, 1516:20,
1518:5, 1518:7, 1523:2, 1523:5,
1523:18, 1526:7, 1528:10, 1528:17,
1528:21, 1529:21, 1530:1, 1530:14,
1530:17, 1531:20, 1531:21, 1533:3,
1533:15, 1533:20, 1535:16, 1536:12,
1537:5, 1538:4, 1538:5, 1538:8,
1538:19, 1539:14, 1540:1, 1540:20,
1542:24, 1544:13, 1551:23, 1552:5,
1552:9, 1552:11, 1553:13, 1553:16,
1553:17, 1553:18, 1556:12, 1560:11
recover [1] - 1321:11
recreate [1] - 1474:22
recreates [1] - 1356:14
recreation [2] - 1447:6, 1447:8
RECROSS [2] - 1559:1, 1564:8
RECROSS-EXAMINATION [2] -
```

```
1559:1, 1564:8
recs [1] - 1446:24
red [1] - 1352:12
redaction [13] - 1374:9, 1374:13,
1374:18, 1376:8, 1376:10, 1380:6,
1383:20, 1408:1, 1418:18, 1422:10,
1423:16, 1447:25, 1450:19
redactions [2] - 1388:3, 1412:19
REDIRECT [2] - 1549:20, 1564:7
redo [2] - 1445:14, 1546:6
reduced [1] - 1534:6
reduces [1] - 1333:9
reduction [4] - 1331:5, 1331:7,
1368:22. 1471:11
reductions [1] - 1334:2
refer [7] - 1305:10, 1341:11, 1341:23,
1342:1, 1345:19, 1407:5, 1425:16
referenced [1] - 1304:8
referral [3] - 1306:17, 1392:23, 1426:6
referred [10] - 1327:10, 1339:20,
1352:6, 1354:22, 1360:22, 1382:23,
1426:16, 1461:3, 1488:11, 1529:11
referring [9] - 1323:10, 1359:4,
1394:14, 1481:7, 1489:4, 1491:3,
1523:2, 1547:16, 1549:24
refers [3] - 1351:22, 1359:23, 1360:5
reflect [1] - 1448:1
reflected [7] - 1313:12, 1315:18,
1320:23, 1320:24, 1320:25, 1322:10,
1416:10
reflecting [2] - 1416:2, 1418:13
reflects [2] - 1315:16, 1433:21
refreshes [1] - 1504:18
regarding [21] - 1313:11, 1320:11,
1330:4, 1335:21, 1350:17, 1390:13,
1393:17, 1450:9, 1456:9, 1458:12,
1458:13, 1459:1, 1459:4, 1459:11,
1477:16, 1504:6, 1525:11, 1546:20,
1547:11, 1551:20, 1562:20
region [5] - 1329:25, 1398:1, 1466:4,
1466:21, 1491:5
regression [1] - 1471:4
regular [1] - 1471:18
regularly [1] - 1543:22
Rehab [1] - 1528:15
Rehabilitation [1] - 1390:4
related [26] - 1365:9, 1367:23, 1375:7,
1375:24, 1380:25, 1381:4, 1393:11,
1413:17, 1418:14, 1434:4, 1435:10,
1437:12, 1445:18, 1445:21, 1445:23,
1447:18, 1448:12, 1448:13, 1457:11,
1458:2, 1477:1, 1477:17, 1490:3,
1555:8
relates [2] - 1498:23, 1537:19
relating [3] - 1514:15, 1545:13, 1561:2
relationship [1] - 1336:25
relative [4] - 1337:1, 1467:11, 1468:23,
1471:21
relatively [1] - 1470:13
relaxants [2] - 1426:16, 1481:21
```

34

```
relevant [5] - 1304:14, 1304:20,
1304:25, 1305:12, 1469:8
relied [6] - 1345:15, 1510:7, 1531:21,
1533:5, 1537:1, 1552:16
relief [2] - 1404:21, 1426:19
relies [1] - 1524:10
relieve [1] - 1483:10
rely [3] - 1372:19, 1500:18, 1537:14
relying [3] - 1530:16, 1535:16,
1537:21
remainder [1] - 1467:22
remaining [3] - 1304:11, 1321:7,
1476.7
remember [12] - 1327:17, 1345:2,
1347:15, 1348:15, 1402:23, 1403:21,
1406:10, 1503:19, 1521:21, 1538:11,
1538:19, 1545:23
remembering [1] - 1538:22
removal [4] - 1441:2, 1443:15,
1445:17, 1446:5
removed [2] - 1474:8, 1555:9
removing [1] - 1443:1
render [4] - 1335:20, 1387:19,
1487:20, 1488:5
rendered [6] - 1373:19, 1383:4,
1390:13, 1416:18, 1418:14, 1457:25
rendering [1] - 1509:12
renders [1] - 1334:10
repair [4] - 1444:12, 1444:13, 1446:8,
1446:10
repeat [1] - 1519:5
rephrase [1] - 1457:16
replaced [2] - 1378:21, 1378:23
replacement [1] - 1547:4
report [41] - 1348:10, 1348:12, 1349:6,
1349:13, 1351:19, 1390:23, 1391:12,
1391:14, 1392:16, 1394:13, 1397:13,
1426:22, 1467:19, 1475:17, 1478:19,
1478:24, 1482:15, 1488:8, 1488:9,
1509:4, 1509:7, 1517:23, 1520:9,
1524:2, 1527:17, 1533:4, 1533:5,
1533:10, 1533:14, 1533:20, 1534:15,
1535:20, 1538:1, 1545:19, 1551:4,
1551:10, 1551:16, 1551:21, 1552:6,
1552:19, 1552:22
reported [2] - 1508:19, 1515:15
Reporter [1] - 1301:17
reporter [3] - 1312:10, 1312:11,
1335:6
reporting [2] - 1526:24, 1530:8
reports [18] - 1345:11, 1345:21,
1346:6, 1380:18, 1390:12, 1409:6,
1421:3, 1421:16, 1465:13, 1493:25,
1520:5, 1521:6, 1530:21, 1532:23,
1537:6, 1546:3, 1548:25, 1551:25
reposition [1] - 1354:13
represent [3] - 1321:13, 1380:10,
represented [2] - 1320:22, 1529:8
represents [4] - 1303:13, 1305:4,
```

```
1432:22, 1486:5
reps [2] - 1428:13, 1431:12
request [3] - 1302:6, 1302:7, 1304:15
requested [4] - 1396:16, 1451:3,
1453:21, 1504:23
requesting [1] - 1397:14
requests [1] - 1450:21
require [3] - 1478:13, 1480:25, 1481:5
required [2] - 1311:7, 1488:15
requirement [1] - 1306:8
requiring [1] - 1481:3
reserve [1] - 1456:24
residency [3] - 1337:11, 1341:16,
1343:20
resident [2] - 1343:21
residents [2] - 1341:19, 1430:7
resides [2] - 1358:9, 1519:8
resolved [3] - 1303:11, 1303:12,
1304:1
resorb [1] - 1504:8
resorption [4] - 1471:6, 1471:7,
1503:6, 1503:8
respect [16] - 1341:14, 1346:16,
1363:14, 1391:25, 1392:7, 1407:21,
1436:4, 1448:25, 1457:5, 1458:4,
1503:15, 1505:23, 1510:14, 1514:16,
1549:24, 1553:16
respectfully [1] - 1333:25
respirations [1] - 1513:17
response [9] - 1349:6, 1392:9, 1498:7,
1498:12, 1500:2, 1557:7, 1557:12,
1562:20
responsibilities [1] - 1543:9
responsibility [5] - 1326:11, 1326:13,
1329:3, 1333:24, 1334:14
responsible [6] - 1333:20, 1333:21,
1357:10, 1357:11, 1357:14, 1427:7
rest [3] - 1312:6, 1324:19, 1413:15
result [4] - 1365:7, 1457:8, 1469:6,
1539:4
retained [4] - 1344:25, 1463:7,
1527:24, 1528:1
retention [1] - 1345:4
reveal [1] - 1394:24
reveals [1] - 1462:18
reverse [2] - 1302:7, 1361:6
review [28] - 1317:21, 1345:6, 1345:9,
1345:10, 1346:12, 1346:22, 1348:7,
1348:19, 1365:2, 1370:13, 1375:6,
1388:9, 1389:11, 1408:3, 1420:18,
1449:2, 1460:2, 1481:19, 1482:2,
1487:19, 1488:4, 1510:2, 1529:20,
1533:20, 1537:5, 1540:1, 1543:20
reviewed [45] - 1302:4, 1311:1,
1311:5, 1311:18, 1312:6, 1312:7,
1312:24, 1318:12, 1318:17, 1344:2,
1345:15, 1345:23, 1345:25, 1346:3,
1346:4, 1346:5, 1346:13, 1348:2,
1348:10, 1348:24, 1349:23, 1356:16,
1365:2, 1365:14, 1370:12, 1371:4,
```

```
1390:10, 1391:9, 1421:25, 1433:4,
1435:1, 1465:13, 1477:9, 1478:16,
1510:6, 1511:20, 1526:7, 1530:20,
1533:10, 1535:2
reviewing [9] - 1340:10, 1347:7,
1347:10. 1347:20. 1396:14. 1416:21.
1488:7, 1530:1, 1531:17
reviews [2] - 1509:12, 1532:23
revision [1] - 1432:1
REYES [1] - 1300:12
Reyes [1] - 1302:2
rhizotomies [3] - 1404:14, 1405:10,
1406:4
rhizotomy [6] - 1404:15, 1405:8,
1405:20, 1480:18, 1482:4, 1482:8
riddled [2] - 1467:20, 1468:1
right-hand [3] - 1359:21, 1461:21,
1475:16
right-sided [2] - 1363:11, 1474:10
rightly [1] - 1352:13
rigid [1] - 1430:25
riser [1] - 1480:5
rises [1] - 1480:4
risk [1] - 1407:12
Rivers [1] - 1406:12
RL[1] - 1513:5
rod [3] - 1428:11, 1429:4, 1432:6
rods [6] - 1337:9, 1427:17, 1432:6,
1474:20, 1479:7, 1479:10
role [1] - 1458:21
rollovers [1] - 1555:24
ROM [2] - 1312:9, 1524:22
roof [3] - 1308:13, 1338:10, 1338:23
Room [3] - 1513:3, 1518:18, 1519:2
room [41] - 1325:8, 1342:19, 1343:2,
1343:3, 1348:8, 1348:16, 1348:20,
1349:7, 1350:16, 1352:15, 1365:4,
1370:12, 1371:10, 1371:21, 1373:2,
1373:24, 1374:2, 1375:7, 1375:13,
1376:18, 1377:12, 1378:14, 1379:3,
1429:25, 1466:9, 1484:1, 1484:2,
1484:3, 1484:18, 1485:1, 1485:2,
1507:6, 1520:12, 1521:8, 1546:23,
1553:1, 1553:2, 1553:3, 1555:19,
1557:19
rooms [9] - 1343:5, 1343:7, 1343:8,
1343:11, 1373:20, 1483:24, 1483:25,
1484:5, 1485:11
root [10] - 1353:15, 1357:13, 1357:14,
1358:9, 1360:21, 1360:22, 1360:24,
1361:12, 1361:14, 1407:14
roots [4] - 1353:9, 1359:8, 1363:15,
Rosenberg [5] - 1415:25, 1416:3,
1416:19, 1416:20, 1420:22
Rosenberg's [1] - 1347:14
roughly [1] - 1383:7
routinely [3] - 1427:21, 1485:12,
1555:23
```

1380:24, 1382:7, 1385:5, 1389:3,

RPI [1] - 1335:25

Rule [2] - 1385:25, 1453:11

ruled [4] - 1332:17, 1333:6, 1333:7,

1415:13

rules [1] - 1498:25

ruling [1] - 1302:20

run [2] - 1310:2, 1401:1

runs [4] - 1353:12, 1358:6, 1358:15

rupture [5] - 1492:5, 1492:6, 1519:10,

1520:3, 1550:7

ruptured [2] - 1467:1, 1495:10

Russo [4] - 1350:24, 1359:4, 1364:9,

1422:18

Russo's [1] - 1528:21

Rye [1] - 1301:13

S

S-1 [1] - 1355:2

S1 [11] - 1353:9, 1357:15, 1358:5,

1358:6, 1358:8, 1468:23, 1472:22,

1472:23, 1474:11, 1474:19, 1548:9

Saal [7] - 1303:21, 1303:24, 1317:19,

1319:9, 1324:14, 1326:17, 1327:16

SAAL [49] - 1301:14, 1313:4, 1313:23, 1314:3, 1314:7, 1314:9, 1315:2,

1316:1, 1316:7, 1316:15, 1317:21,

1318:2, 1319:12, 1319:19, 1320:2,

1320:5, 1320:20, 1321:12, 1321:17,

1321:20, 1321:25, 1322:3, 1322:6,

1322:9, 1323:10, 1323:20, 1324:7,

1324:16, 1325:10, 1325:13, 1325:16,

1325:25, 1326:2, 1326:4, 1328:5, 1328:13, 1328:24, 1329:7, 1329:17,

1329:23, 1333:12, 1334:4, 1334:11,

1334:13, 1385:18, 1386:5, 1453:7,

1453:19, 1453:25

SABRINA [1] - 1300:8

Sabrina [2] - 1301:4, 1301:10

sack [1] - 1464:12

sacrum [5] - 1355:1, 1443:13,

1462:13, 1462:14

safely [1] - 1443:1

sagittal [9] - 1463:19, 1463:20,

1470:23, 1472:25, 1474:13, 1475:2,

1503:12, 1505:7, 1505:10

sample [1] - 1428:11

satisfied [2] - 1324:23, 1330:8

save [2] - 1383:11, 1498:6

saw [20] - 1309:24, 1358:25, 1407:17,

1420:24, 1425:3, 1453:9, 1453:23,

1471:2, 1473:2, 1473:3, 1507:3,

1514:23, 1530:20, 1533:16, 1536:12,

1537:25, 1549:25, 1552:1, 1552:9

Scale [3] - 1511:8, 1511:10, 1513:2

scale [2] - 1512:14, 1512:19

scalp [1] - 1350:21

scan [8] - 1373:7, 1373:11, 1395:5,

1431:11, 1472:10, 1472:17, 1521:7,

1544:12

scans [5] - 1338:19, 1345:10, 1371:18, 1373:3, 1395:4

scar [1] - 1443:1

scars [1] - 1442:25

scene [14] - 1494:18, 1498:5, 1498:9,

1506:18, 1512:19, 1515:2, 1515:7, 1519:6, 1520:7, 1553:6, 1553:12,

1553:14, 1561:8, 1562:6

scheduling [1] - 1334:19

scheme [1] - 1471:17

school [5] - 1335:24, 1336:2, 1337:13,

1343:18, 1354:16

sciatic [1] - 1353:11

sciatica [6] - 1351:12, 1352:13,

1352:15, 1362:5, 1362:6, 1497:9

science [1] - 1558:17

scoliosis [1] - 1431:5

scope [13] - 1307:2, 1310:19, 1345:4,

1345:6, 1432:24, 1478:19, 1479:1, 1521:11, 1539:21, 1541:1, 1553:22,

1561:21, 1562:2

score [1] - 1511:10

screen [5] - 1370:6, 1370:7, 1372:1,

1461:23, 1506:2

screens [5] - 1367:4, 1370:2, 1370:10,

1481:9, 1528:19

screw [22] - 1427:15, 1428:11,

1428:21, 1428:24, 1429:5, 1429:9,

1429:16, 1429:22, 1430:1, 1430:10,

1430:19, 1431:9, 1431:16, 1432:2,

1432:7, 1440:7, 1445:17, 1473:1,

1473:7, 1479:16

screws [28] - 1337:8, 1427:16,

1427:18, 1427:22, 1427:24, 1428:16,

1429:3, 1429:7, 1429:11, 1429:12,

1429:15, 1430:17, 1431:13, 1431:19,

1432:3, 1432:5, 1432:7, 1432:11,

1444:7, 1473:5, 1474:11, 1474:19,

1474:20, 1479:7, 1479:11, 1479:16

seated [2] - 1334:24, 1335:5 Sebastian [2] - 1536:3, 1536:9

secluded [1] - 1464:10

second [23] - 1303:9, 1320:11, 1321:9, 1329:18, 1356:12, 1365:15, 1381:16,

1383:8, 1385:22, 1386:19, 1408:19,

1434:10, 1439:10, 1445:11, 1445:16, 1457:4, 1468:2, 1504:19, 1511:23,

1534:3, 1538:4, 1543:1, 1543:2

sections [1] - 1434:6

sedating [1] - 1406:18

sedation [3] - 1405:23, 1405:24,

see [120] - 1308:3, 1309:17, 1316:17, 1320:14, 1322:14, 1323:1, 1323:5,

1324:9, 1325:6, 1325:18, 1325:19,

1337:1, 1340:18, 1340:19, 1343:2,

1345:20, 1350:24, 1351:6, 1351:14,

1351:24, 1358:22, 1362:19, 1363:8,

1364:22, 1370:14, 1372:1, 1373:10,

1373:12, 1374:10, 1375:17, 1377:13,

1378:8, 1378:16, 1380:20, 1382:7, 1386:19, 1386:22, 1387:4, 1387:20,

1400:22, 1407:4, 1409:10, 1413:9,

1416:23, 1425:6, 1427:4, 1428:3,

1428:14, 1429:23, 1441:16, 1451:7, 1453:15, 1453:16, 1459:5, 1459:6,

1462:4, 1462:7, 1462:11, 1462:20,

1463:3, 1463:6, 1463:8, 1463:14,

1464:3, 1464:9, 1464:19, 1465:20,

1466:2, 1466:6, 1466:9, 1466:10,

1468:17, 1470:9, 1470:10, 1471:1,

1471:17, 1471:24, 1472:20, 1472:25,

1474:18, 1475:9, 1475:19, 1475:25,

1476:25, 1486:10, 1486:12, 1487:5,

1488:17, 1488:18, 1489:19, 1490:4,

1496:24, 1504:17, 1506:20, 1507:11,

1508:5, 1511:11, 1513:22, 1514:7,

1514:10, 1524:2, 1524:15, 1525:9,

1526:5, 1528:24, 1529:9, 1531:1,

1534:25, 1535:14, 1537:6, 1538:5, 1544:8, 1544:19, 1544:24, 1550:17,

1553:13, 1557:16, 1563:3

See [1] - 1316:5

seeing [3] - 1341:25, 1475:3, 1521:6

seek [1] - 1421:6

seem [2] - 1304:14, 1466:15

sees [4] - 1312:24, 1350:22, 1350:25,

1527:12

segment [20] - 1439:25, 1440:14,

1442:3, 1443:7, 1443:8, 1480:8,

1480:11, 1480:22, 1480:23, 1481:2, 1545:14, 1546:6, 1546:12, 1546:25,

1547:2, 1547:3, 1547:7, 1548:16,

1549:13, 1559:23 Segment [1] - 1547:17

segments [2] - 1546:21, 1547:11

selected [1] - 1343:20

Selenia [1] - 1554:14

self [1] - 1391:4

self-explanatory [1] - 1391:4

senior [1] - 1343:20

sensation [4] - 1353:17, 1359:2,

1361:2, 1557:13

sense [7] - 1307:11, 1308:6, 1342:24, 1402:5, 1472:7, 1531:25, 1553:4

sensory [2] - 1360:25, 1513:10

sent [10] - 1305:4, 1305:6, 1308:8, 1308:9, 1308:11, 1308:14, 1345:8,

1385:5 separate [11] - 1305:6, 1305:9, 1321:3,

1321:5, 1327:13, 1327:20, 1370:24, 1440:2, 1440:10, 1440:19, 1451:14

separately [1] - 1421:2

September [1] - 1413:8

sequelae [1] - 1445:20

sequence [3] - 1462:2, 1462:8, 1463:8

series [1] - 1394:19

serious [2] - 1499:8, 1499:22 served [1] - 1357:6

service [42] - 1309:11, 1309:19,

วล

```
1314:13, 1314:15, 1315:1, 1315:24,
1329:20, 1331:2, 1337:16, 1343:21,
1348:16, 1349:21, 1382:5, 1388:16,
1396:5, 1397:18, 1399:2, 1407:2,
1413:7, 1413:16, 1424:1, 1424:3,
1424:6, 1435:7, 1435:15, 1436:4,
1437:15, 1437:25, 1441:9, 1441:15,
1450:9, 1453:12, 1453:13, 1453:16,
1453:17, 1453:18, 1453:24, 1454:12,
1456:6, 1456:11, 1456:12, 1456:21
services [24] - 1306:14, 1328:8,
1343:4, 1371:17, 1371:23, 1373:19,
1377:1, 1393:21, 1420:18, 1421:12,
1421:14, 1424:11, 1435:12, 1436:13,
1436:23, 1437:11, 1439:4, 1440:15,
1450:11, 1451:11, 1456:9, 1456:17,
1478:18, 1486:22
SESSION [1] - 1415:1
sessions [1] - 1481:25
set [19] - 1351:6, 1371:18, 1382:20,
1399:21, 1399:23, 1410:6, 1415:23,
1415:24, 1418:14, 1422:4, 1429:5,
1433:16, 1434:7, 1479:6, 1482:8,
1486:14, 1500:3, 1525:17, 1557:12
sets [3] - 1396:8, 1482:7, 1499:25
setting [6] - 1338:11, 1503:21,
1503:22, 1503:24, 1553:1, 1553:2
seven [8] - 1324:8, 1406:4, 1500:22,
1501:6, 1501:21, 1516:17, 1517:5,
1519:8
several [16] - 1309:12, 1342:12,
1345:9, 1359:18, 1370:25, 1385:24,
1386:20, 1477:9, 1479:12, 1507:19,
1516:21, 1523:3, 1523:6, 1531:8,
1538:6, 1546:2
severe [2] - 1476:23, 1555:25
severely [1] - 1305:15
shape [3] - 1466:24, 1468:19, 1468:20
shaped [2] - 1359:15, 1468:19
sheet [5] - 1308:2, 1345:18, 1368:1,
1368:9, 1421:23
sheets [1] - 1308:5
shell [1] - 1554:5
shenanigans [1] - 1304:17
shin [6] - 1358:12, 1392:3, 1392:4,
1508:11, 1562:18
shock [1] - 1499:11
shooting [3] - 1356:13, 1362:9,
1403:10
shopped [1] - 1543:16
shopping [1] - 1540:25
Shore [1] - 1449:1
short [4] - 1344:4, 1358:17, 1404:21,
1545:25
short-term [1] - 1404:21
shorten [1] - 1420:11
shortly [5] - 1350:24, 1461:17, 1496:8,
1554:21, 1560:23
show [26] - 1311:4, 1316:19, 1316:23,
1317:3, 1323:9, 1325:6, 1325:23,
```

```
1354:5, 1354:6, 1355:7, 1355:23,
1367:2, 1367:3, 1426:9, 1433:2,
1466:1, 1473:2, 1475:4, 1481:2,
1491:1, 1491:6, 1516:20, 1521:25,
1526:1, 1550:1, 1559:11
showed [5] - 1333:24, 1521:4, 1521:9,
1521:22. 1525:6
showing [2] - 1333:16, 1469:20
shown [2] - 1334:4, 1496:23
shows [20] - 1305:21, 1316:16,
1324:21, 1353:2, 1413:14, 1462:3,
1463:13, 1466:24, 1469:13, 1470:8,
1470:25, 1471:4, 1472:19, 1474:10,
1474:11, 1475:14, 1475:20, 1491:19,
1495:10, 1497:8
shut [3] - 1305:8, 1464:21
side [32] - 1353:3, 1358:12, 1358:15,
1359:17, 1359:24, 1363:3, 1363:6,
1424:2, 1428:5, 1429:23, 1431:25,
1432:8, 1461:24, 1461:25, 1463:10,
1463:20, 1464:6, 1470:24, 1474:9,
1474:13, 1474:16, 1475:3, 1475:10,
1475:15, 1475:16, 1475:23, 1476:2,
1480:10, 1491:13, 1505:10, 1526:19
side-view [1] - 1461:25
Sidebar [9] - 1369:24, 1379:6,
1383:24, 1387:22, 1408:20, 1411:3,
1428:7, 1452:13, 1455:9
sidebar [14] - 1302:15, 1365:15,
1365:17, 1366:1, 1376:22, 1377:23,
1378:1, 1381:11, 1384:1, 1409:1,
1415:13, 1453:1, 1457:1
sided [3] - 1363:11, 1363:12, 1474:10
sides [2] - 1443:14, 1464:24
sign [3] - 1308:2, 1308:5, 1463:17
sign-in [2] - 1308:2, 1308:5
signal [15] - 1361:7, 1362:12, 1463:9,
1463:12, 1463:16, 1469:13, 1470:2,
1470:3, 1470:8, 1470:12, 1475:18,
1503:4, 1503:15, 1503:20, 1504:1
signals [1] - 1470:1
signatory [1] - 1537:5
signature [1] - 1535:21
signed [1] - 1333:24
significant [6] - 1328:25, 1489:16,
1520:13, 1550:6, 1562:5
signing [1] - 1308:3
signs [3] - 1427:12, 1470:13, 1536:9
similar [13] - 1340:11, 1351:16,
1356:9, 1363:15, 1363:19, 1376:7,
1381:20, 1402:20, 1404:23, 1427:22,
1480:18, 1482:4, 1552:25
similarly [1] - 1431:16
simple [8] - 1314:25, 1316:7, 1316:11,
1318:9, 1324:24, 1327:1, 1360:14,
1385:23
simply [4] - 1488:25, 1510:23,
1510:25, 1551:10
Sinai [1] - 1373:6
single [9] - 1307:18, 1384:5, 1386:11,
```

```
1458:11, 1459:3, 1462:11, 1486:11,
1553:10, 1559:3
sister [5] - 1554:14, 1560:1, 1560:5,
1560:13, 1560:20
sisters [1] - 1560:24
sit [4] - 1319:9, 1352:21, 1410:8,
1553:9
site [1] - 1338:19
sits [2] - 1354:22, 1553:25
sitting [4] - 1308:17, 1352:23, 1402:7,
1554:6
situation [3] - 1484:22, 1499:11,
1561:25
situations [2] - 1488:17, 1490:11
six [15] - 1324:8, 1339:1, 1343:14,
1352:17, 1406:2, 1406:5, 1422:5,
1426:2, 1431:25, 1481:1, 1495:9,
1516:17, 1517:5, 1522:6, 1550:24
size [11] - 1404:24, 1449:18, 1471:5,
1471:11, 1472:6, 1498:14, 1498:22,
1503:10, 1504:7, 1504:14, 1520:25
sizes [1] - 1429:8
skeletal [1] - 1485:13
skeleton [2] - 1353:2, 1429:11
skewed [1] - 1400:21
skiing [2] - 1540:7, 1540:8
skin [8] - 1356:22, 1356:23, 1356:25,
1357:6, 1357:11, 1357:24, 1361:1
skip [2] - 1422:19, 1535:18
slash [1] - 1391:5
sleep [2] - 1406:19
slip [2] - 1489:9, 1538:24
slippage [2] - 1467:8, 1469:1
slipped [4] - 1467:2, 1467:11, 1538:6,
slipping [1] - 1468:23
slips [1] - 1467:15
sliver [1] - 1466:2
slow [2] - 1383:18, 1440:22
small [7] - 1367:4, 1370:2, 1370:10,
1372:1, 1481:9, 1506:2, 1528:19
smaller [5] - 1337:7, 1431:19, 1503:9,
1503:11, 1504:8
smash [1] - 1554:7
SMITH [1] - 1301:3
Smith [1] - 1302:18
Smith's [1] - 1302:4
sneeze [1] - 1489:12
snippet [1] - 1544:10
societies [1] - 1343:24
society [2] - 1336:4, 1343:19
soft [7] - 1350:20, 1352:10, 1364:19,
1391:2, 1499:16, 1499:17, 1499:24
software [2] - 1329:23, 1330:5
someone [4] - 1314:4, 1329:3,
1333:21, 1404:2
sometimes [9] - 1442:24, 1487:4,
1487:5, 1488:18, 1488:25, 1489:3,
1489:19, 1540:9
```

37

```
somewhere [1] - 1522:11
SOPHIE [1] - 1301:17
sophisticated [3] - 1405:1, 1405:6,
1430:3
sore [1] - 1485:1
sorry [30] - 1302:10, 1307:5, 1314:18,
1346:3, 1347:2, 1371:7, 1374:5,
1377:9, 1382:8, 1385:20, 1388:24,
1389:1, 1391:21, 1395:9, 1395:12,
1396:18, 1398:7, 1398:12, 1409:15,
1409:16, 1416:23, 1419:15, 1427:14,
1448:24, 1464:5, 1467:8, 1474:4,
1481:15, 1549:23, 1558:11
sort [1] - 1349:19
Soto [2] - 1348:4, 1407:17
sound [1] - 1431:18
sounds [1] - 1348:12
soup [1] - 1350:1
source [5] - 1321:10, 1331:7, 1333:10,
1369:8, 1394:15
sources [1] - 1443:21
space [6] - 1402:6, 1402:21, 1402:22,
1403:8, 1466:4
span [9] - 1388:10, 1406:24, 1406:25,
1425:15, 1427:16, 1544:13, 1546:4,
1546:17, 1546:18
spans [2] - 1399:22, 1434:21
speaking [5] - 1348:23, 1348:24,
1498:13, 1499:1, 1499:7
special [6] - 1338:7, 1368:1, 1368:8,
1404:22, 1404:25, 1427:16
specialist [3] - 1341:24, 1400:1,
1426.7
specialists [12] - 1337:18, 1338:21,
1345:24, 1346:4, 1351:16, 1417:17,
1479:14, 1480:12, 1480:13, 1481:17,
1488:21, 1551:22
Specialists [10] - 1316:3, 1321:21,
1323:16, 1333:18, 1334:5, 1393:18,
1396:20, 1425:17, 1426:4, 1434:21
Specialists' [2] - 1321:23, 1330:1
specialty [5] - 1502:7, 1502:20,
1502:23, 1502:24, 1503:1
specific [12] - 1348:10, 1352:3,
1358:4, 1394:23, 1439:13, 1451:12,
1481:12, 1505:19, 1520:9, 1520:10,
1539:24, 1540:18
specifically [13] - 1415:20, 1422:11,
1425{:}24,\,1433{:}20,\,1501{:}8,\,1501{:}22,\,
1505:6, 1518:10, 1538:10, 1539:23,
1540:6, 1540:12, 1561:23
specifics [2] - 1303:25, 1520:5
spectrum [2] - 1492:1, 1492:7
speed [1] - 1374:20
spelling [1] - 1335:6
spent [4] - 1326:4, 1488:7, 1532:20,
spinal [31] - 1337:5, 1339:15, 1359:15,
1361:3, 1361:4, 1361:9, 1363:24,
1363:25, 1364:2, 1402:16, 1403:6,
```

```
1403:7, 1404:23, 1407:13, 1429:19,
1429:24, 1459:4, 1462:3, 1462:7,
1462:23, 1464:10, 1475:5, 1475:18,
1475:19, 1476:4, 1479:3, 1479:14,
1480:12, 1492:14, 1493:10
Spine [25] - 1316:3, 1321:1, 1321:20,
1321:23. 1323:16. 1323:23. 1324:16.
1326:9, 1327:9, 1328:14, 1329:2,
1329:13, 1330:1, 1333:18, 1334:5,
1363:10, 1382:23, 1396:19, 1425:7,
1425:9, 1425:17, 1426:4, 1434:20,
1435:16, 1547:17
spine [128] - 1336:24, 1337:6, 1337:9,
1338:24, 1339:13, 1340:17, 1341:18,
1341:21, 1341:22, 1351:15, 1353:1,
1353:3, 1353:9, 1354:15, 1354:17,
1354:18, 1354:19, 1355:2, 1355:7,
1357:7, 1357:25, 1358:2, 1360:1,
1360:8, 1360:10, 1360:20, 1360:23,
1361:16, 1364:3, 1364:16, 1364:17,
1392:20, 1392:23, 1394:15, 1395:2,
1395:3, 1395:4, 1396:12, 1400:17,
1401:9, 1402:7, 1402:13, 1425:6,
1425:20, 1426:6, 1427:17, 1427:18,
1429:1, 1429:7, 1429:8, 1429:14,
1430:4, 1430:25, 1431:1, 1431:2,
1431:5, 1431:24, 1443:13, 1443:14,
1444:8, 1445:7, 1446:13, 1458:1,
1460:13, 1461:15, 1462:1, 1464:8,
1464:20, 1465:4, 1466:21, 1467:6,
1467:7, 1467:8, 1467:20, 1467:23,
1467:25, 1468:13, 1468:24, 1468:25,
1469:23, 1471:25, 1473:8, 1474:12,
1474:18, 1474:20, 1474:24, 1476:25,
1477:19, 1478:25, 1479:18, 1479:19,
1480:3, 1480:12, 1481:7, 1481:17,
1489:20, 1489:25, 1490:19, 1490:20,
1490:23, 1491:2, 1491:5, 1491:16,
1491:23, 1491:25, 1492:14, 1493:1,
1493:2, 1521:8, 1521:22, 1522:5,
1544:13, 1546:25, 1547:5, 1547:6,
1547:7, 1547:25, 1549:23, 1555:22,
1559:7, 1559:22, 1559:25
spines [1] - 1407:11
split [1] - 1303:23
splitting [1] - 1339:12
spondylolisthesis [1] - 1467:3
spondylosis [1] - 1467:21
sponsor [1] - 1514:8
sporadic [1] - 1477:15
spot [2] - 1504:17, 1527:15
sprain [2] - 1391:4, 1476:20
spurring [1] - 1522:1
squiggly [1] - 1467:9
St [3] - 1342:13, 1342:15, 1343:22
stabbing [1] - 1362:9
stabilize [1] - 1430:25
stable [2] - 1427:18, 1553:5
staff [2] - 1342:12, 1483:15
stage [1] - 1479:6
```

```
stages [3] - 1500:1, 1500:7, 1500:11
stamp [2] - 1506:9, 1533:5
stamped [3] - 1511:13, 1518:1, 1528:5
stand [1] - 1454:17
standard [2] - 1307:9, 1430:24
standing [2] - 1546:23, 1554:6
standpoint [3] - 1308:6, 1525:16,
1542:6
Stanley [1] - 1420:12
start [7] - 1351:19, 1364:22, 1371:1,
1383:7, 1407:10, 1426:3, 1551:14
started [7] - 1309:3, 1337:14, 1337:20,
1339:6, 1388:14, 1404:18, 1470:16
starting [7] - 1393:18, 1416:3,
1425:17, 1434:21, 1471:8, 1486:7,
1535:19
starts [3] - 1354:18, 1380:12, 1500:6
state [4] - 1306:11, 1416:4, 1434:19,
1545:19
State [1] - 1536:4
statement [1] - 1320:15
statements [3] - 1313:11, 1321:6,
1536:23
states [1] - 1372:16
STATES [2] - 1300:1, 1300:13
States [1] - 1300:5
static [1] - 1504:25
stay [1] - 1349:20
stayed [1] - 1336:4
stays [1] - 1327:21
stem [3] - 1361:4, 1361:9, 1428:24
stenography [1] - 1301:18
stenosis [6] - 1360:13, 1360:14,
1360:16, 1360:17, 1360:19, 1464:23
stenotic [1] - 1475:9
step [5] - 1333:13, 1340:7, 1354:9,
1428:18, 1502:9
steroid [3] - 1392:22, 1404:21,
1417:21
steroids [1] - 1403:9
STEVEN [1] - 1301:14
Steven [1] - 1453:3
stick [2] - 1461:4, 1479:20
stiff [2] - 1428:14, 1431:4
stiffness [2] - 1520:19, 1520:24
still [17] - 1321:7, 1338:3, 1368:17,
1386:5, 1398:3, 1404:11, 1433:14,
1433:15, 1463:14, 1466:2, 1471:1,
1472:4, 1472:7, 1472:8, 1481:10,
1482:23, 1542:23
stinging [1] - 1500:4
stipulate [3] - 1317:15, 1318:22,
1318:24
stipulation [2] - 1311:15, 1317:11
stomach [1] - 1406:11
stop [1] - 1517:16
stopped [1] - 1545:8
story [2] - 1544:15, 1544:18
straight [7] - 1352:19, 1352:20,
```

1355:5, 1355:10, 1431:6, 1484:22, 1553.9 straight-leg [2] - 1352:19, 1355:10 straight-leg-raise [1] - 1352:20 straighten [1] - 1353:23 strain [1] - 1476:20 street [1] - 1386:9 Street [5] - 1300:17, 1301:5, 1527:21, 1528:16, 1529:3 strength [1] - 1482:22 stress [3] - 1352:25, 1400:13, 1480:5 stresses [1] - 1355:13 stressing [2] - 1353:14, 1354:2 stretch [2] - 1327:19, 1327:23 **stricken** [5] - 1302:6, 1302:9, 1302:16, 1303:2, 1550:19 strike [4] - 1302:16, 1406:14, 1491:20, 1502:11 stripe [1] - 1462:6 strong [3] - 1428:15, 1431:7, 1557:8 structure [4] - 1360:12, 1462:14, 1463:1, 1464:8 structures [3] - 1336:24, 1360:22, 1360:23 stuck [1] - 1481:10 students [2] - 1430:7 studies [26] - 1336:20, 1345:10, 1395:1, 1421:18, 1459:9, 1472:19, 1476:14, 1481:20, 1482:2, 1482:11, 1545:13, 1545:22, 1545:23, 1546:2, 1546:17, 1547:12, 1548:13, 1548:20, 1549:11, 1558:13, 1558:14, 1559:8, 1559:10, 1559:15, 1559:17 study [13] - 1396:3, 1397:15, 1397:23, 1472:4, 1475:14, 1482:12, 1546:2, 1548:6, 1549:15, 1559:3, 1559:11, 1559:12 stuff [1] - 1387:3 sub [1] - 1341:16 subarticular [1] - 1466:4 subcutaneous [2] - 1391:2, 1462:2 Subject [1] - 1310:7 subject [21] - 1374:17, 1376:10, 1380:6, 1383:20, 1384:16, 1388:3, 1408:1, 1412:19, 1418:17, 1419:8, 1419:17, 1422:9, 1423:16, 1434:7, 1434:9, 1445:21, 1447:25, 1450:19, 1456:25, 1458:2 subjected [1] - 1550:6 subjective [9] - 1352:6, 1352:8, 1500:16, 1501:17, 1514:1, 1524:5, 1524:12, 1525:10, 1525:20 submit [1] - 1306:3 submitted [4] - 1306:4, 1321:13, 1369:11, 1449:9 subpoena [3] - 1303:18, 1378:5 subpoenaed [2] - 1328:2, 1510:19 subpoenas [2] - 1328:1, 1453:14 subsequent [11] - 1316:4, 1424:5, 1438:4, 1439:9, 1439:11, 1442:15,

1442:16, 1503:14, 1504:15, 1546:20, 1547:11 subsets [1] - 1480:23 substance [3] - 1477:11, 1477:13, 1552:2 substantial [1] - 1519:7 substantiated [1] - 1313:18 substantiates [1] - 1317:6 sudden [3] - 1362:11, 1404:10, 1554:12 Suite [4] - 1300:17, 1300:22, 1301:6, 1301:12 sum [2] - 1477:10, 1477:13 summarizes [1] - 1507:24 summary [25] - 1310:15, 1310:22, 1311:9, 1313:5, 1313:7, 1313:14, 1313:19, 1314:22, 1315:2, 1315:17, 1316:20, 1317:17, 1318:6, 1318:7, 1320:18, 1320:22, 1321:14, 1323:1, 1330:21, 1332:7, 1332:9, 1332:13, 1333:14, 1333:15, 1477:10 summed [1] - 1425:19 super[1] - 1318:12 superficial [1] - 1437:22 superimposed [1] - 1489:22 supervising [1] - 1341:19 supplemental [2] - 1467:18, 1557:19 supplementally [1] - 1557:21 supplies [3] - 1354:1, 1357:2, 1454:2 supply [1] - 1325:8 support [2] - 1327:24, 1554:17 supportive [1] - 1554:25 supports [2] - 1305:9, 1560:22 supposed [5] - 1378:13, 1464:9, 1466:12, 1472:20, 1558:11 supposedly [1] - 1462:5 surface [4] - 1416:4, 1437:18, 1437:19, 1437:23 surgeon [12] - 1325:5, 1340:4, 1357:21, 1390:17, 1391:9, 1396:20, 1397:14, 1400:25, 1406:7, 1440:3, 1482:6 Surgeons [1] - 1343:25 surgeons [21] - 1336:11, 1336:13, 1337:17, 1338:21, 1338:24, 1339:1, 1341:22, 1351:15, 1390:12, 1392:20, 1425:7, 1442:23, 1458:1, 1478:8, 1480:12, 1500:9, 1546:23, 1547:6, 1547:7 surgeries [8] - 1327:13, 1340:18, 1373:1, 1424:3, 1425:20, 1426:2, 1433:11, 1550:11 surgery [77] - 1315:15, 1316:4, 1320:11, 1324:17, 1324:25, 1325:2, 1325:23, 1326:6, 1326:7, 1336:5, 1336:8, 1336:16, 1337:5, 1340:24, 1341:3, 1341:4, 1346:22, 1349:10, 1383:9, 1393:5, 1396:16, 1398:3, 1403:17, 1404:5, 1405:11, 1405:13, 1423:25, 1426:22, 1427:10, 1427:13, 1427:22, 1428:13, 1429:24, 1430:5, 1432:16, 1432:19, 1432:22, 1437:2, 1437:12, 1439:4, 1443:22, 1445:11, 1445:16, 1445:20, 1448:25, 1470:21, 1472:18, 1474:8, 1479:3, 1480:10, 1480:18, 1480:19, 1480:25, 1481:3, 1481:5, 1483:20, 1488:15, 1488:23, 1493:12, 1493:13, 1542:22, 1543:24, 1544:1, 1545:19, 1546:6, 1546:7, 1546:15, 1547:1, 1547:21, 1547:24, 1548:21, 1549:13, 1558:9, 1559:4, 1559:5, 1559:15 Surgery [5] - 1341:7, 1347:2, 1347:3, 1410:4, 1424:18 Surgical [8] - 1315:8, 1347:5, 1399:24, 1409:8, 1419:2, 1453:22, 1456:11 surgical [28] - 1315:17, 1320:21, 1322:8, 1322:11, 1323:15, 1323:18, 1327:20, 1329:14, 1336:14, 1336:16, 1337:2, 1338:10, 1339:16, 1342:2, 1346:11, 1346:18, 1349:19, 1364:25, 1372:25, 1426:12, 1426:23, 1427:11, 1440:5, 1440:23, 1440:25, 1546:6 surgical/non [1] - 1338:10 surgical/non-surgical [1] - 1338:10 surroundings [3] - 1361:1, 1479:20, 1479:22 Susan [1] - 1523:4 susceptible [1] - 1550:5 suspicion [2] - 1352:15, 1373:24 suspicions [1] - 1352:4 Sustained [10] - 1432:14, 1483:5, 1483:18, 1551:12, 1552:8, 1555:15, 1557:25, 1560:8, 1561:19, 1562:16 sustained [6] - 1351:6, 1394:21, 1457:11, 1537:23, 1539:13, 1539:22 swelling [1] - 1391:2 switching [1] - 1457:4 swollen [4] - 1352:10, 1404:4, 1508:12, 1526:19 sworn [2] - 1335:13, 1415:8 sworn/affirmed [1] - 1335:4 symptomatic [1] - 1520:8 symptomatology [3] - 1495:7, 1505:23, 1553:21 symptoms [20] - 1362:1, 1362:2, 1362:6, 1363:4, 1363:9, 1363:12, 1398:3, 1426:20, 1427:4, 1494:23, 1494:25, 1495:16, 1495:17, 1495:19, 1499:12, 1499:21, 1514:23, 1514:25, 1562:1 system [3] - 1468:5, 1485:7, 1485:10

Т

T1 [1] - 1354:19 T12 [1] - 1354:19 T2 [1] - 1503:20 table [1] - 1352:21 talks [1] - 1538:18 1534:7, 1554:25, 1555:5, 1556:7,

```
tangentially [1] - 1369:21
target [1] - 1466:8
teach [1] - 1430:7
tear [3] - 1519:7, 1553:19, 1553:20
technically [1] - 1385:2
technique [1] - 1337:7
techniques [1] - 1339:16
technologies [1] - 1547:4
template [5] - 1392:2, 1509:5, 1509:9,
1509:20, 1510:5
templates [1] - 1510:6
ten [6] - 1342:17, 1351:10, 1355:19,
1459:2, 1488:7, 1546:1
tend [3] - 1482:13, 1490:8, 1553:12
tender [2] - 1501:13, 1524:17
tenderness [13] - 1514:2, 1514:3,
1514:4, 1514:6, 1518:17, 1518:19,
1518:21, 1524:20, 1525:6, 1525:22,
1526:12, 1538:12, 1553:14
tends [1] - 1338:8
tension [2] - 1353:23, 1356:14
tent [7] - 1403:1, 1403:2, 1403:4,
1403:5, 1403:6, 1429:20, 1464:12
term [14] - 1338:6, 1338:7, 1351:12,
1356:24, 1359:12, 1360:14, 1368:3,
1404:21, 1467:21, 1480:2, 1480:7,
1540:19, 1547:2, 1547:12
terminology [1] - 1471:7
terms [24] - 1305:16, 1306:15,
1312:18, 1335:21, 1340:17, 1346:16,
1355:5, 1416:21, 1426:19, 1435:12,
1446:19, 1467:23, 1469:14, 1470:17,
1475:20, 1477:14, 1479:10, 1479:11,
1492:2, 1513:2, 1515:1, 1548:10,
1553:10, 1555:18
Terrance [1] - 1392:24
territory [1] - 1407:11
test [14] - 1352:19, 1352:20, 1353:19,
1353:21, 1355:14, 1355:21, 1356:9,
1356:17, 1392:24, 1421:10, 1484:20,
1512:6, 1512:10, 1553:9
testified [27] - 1305:5, 1310:16,
1322:7, 1322:16, 1329:7, 1329:12,
1335:13, 1365:2, 1415:8, 1415:19,
1420:11, 1420:15, 1420:21, 1423:2,
1434:25, 1439:25, 1531:3, 1531:13,
1543:21, 1549:1, 1551:3, 1551:15,
1553:1, 1554:15, 1554:24, 1555:8,
1560:25
testifies [1] - 1381:19
testify [10] - 1308:15, 1308:21, 1310:5,
1310:8, 1329:5, 1332:12, 1334:9,
1385:4, 1385:7, 1532:18
testifying [1] - 1340:8
testimony [28] - 1302:4, 1302:6,
1302:8, 1302:14, 1302:17, 1302:18,
1302:21, 1303:2, 1306:13, 1329:10,
1329:11, 1330:4, 1339:19, 1441:3,
1447:24, 1448:2, 1448:4, 1473:2,
1483:24, 1485:16, 1519:4, 1521:12,
```

```
1560:21, 1561:2
testing [9] - 1352:7, 1353:21, 1355:23,
1356:3, 1392:7, 1392:12, 1392:13,
1457:24, 1539:19
tests [7] - 1352:14, 1355:15, 1355:16,
1451:13, 1458:23, 1536:13
tetanus [2] - 1373:23, 1373:25
thankfully [1] - 1451:18
THAT [1] - 1474:21
THE [367] - 1300:12, 1302:3, 1302:12,
1302:23, 1303:7, 1303:9, 1304:2,
1304:22, 1305:14, 1305:22, 1306:4,
1307:4, 1307:6, 1307:12, 1307:15,
1307:18, 1307:22, 1307:24, 1308:15,
1308:19, 1308:21, 1309:21, 1310:5,
1310:8, 1311:4, 1311:8, 1311:11,
1311:14, 1311:17, 1312:20, 1313:21,
1314:8, 1314:10, 1314:17, 1314:19,
1314:23, 1316:5, 1316:9, 1316:18,
1316:23, 1317:1, 1317:3, 1317:5,
1317:13, 1317:25, 1318:3, 1318:10,
1318:15, 1318:17, 1318:20, 1318:22,
1319:4, 1319:6, 1319:16, 1319:21,
1320:3, 1320:12, 1321:9, 1321:15,
1321:18, 1321:23, 1322:1, 1322:4,
1322:7, 1322:15, 1322:19, 1322:22,
1323:7, 1323:24, 1324:5, 1324:9,
1324:11, 1324:13, 1325:1, 1325:12,
1325:15, 1325:18, 1326:1, 1326:3,
1326:14, 1326:16, 1326:21, 1326:24,
1327:2, 1327:7, 1329:5, 1330:13,
1330:16, 1330:18, 1330:21, 1330:23,
1332:2, 1332:6, 1332:9, 1332:11,
1332:15, 1332:19, 1332:24, 1334:6,
1334:12, 1334:16, 1334:21, 1334:24,
1335:3, 1335:5, 1335:7, 1335:10,
1344:11, 1353:7, 1354:8, 1354:11,
1354:14, 1365:15, 1367:1, 1367:7,
1367:14, 1367:17, 1367:21, 1367:24,
1368:1, 1368:6, 1368:8, 1368:24,
1369:3, 1369:6, 1369:12, 1369:14,
1369:21, 1370:4, 1370:6, 1370:8,
1370:16, 1370:17, 1370:20, 1370:22,
1372:11, 1372:13, 1374:7, 1374:11,
1374:14, 1374:17, 1375:15, 1375:18,
1375:20, 1376:10, 1376:21, 1377:19,
1377:22, 1378:25, 1379:5, 1380:2,
1380:5, 1380:8, 1380:14, 1381:16,
1382:16, 1383:23, 1385:4, 1385:7,
1385:13, 1385:17, 1385:21, 1386:2,
1386:8, 1386:11, 1386:14, 1386:22,
1387:2, 1387:4, 1387:9, 1387:16,
1388:3, 1389:22, 1391:19, 1391:21,
1394:6, 1395:10, 1395:14, 1395:17,
1397:4, 1397:7, 1398:15, 1398:18,
1399:16, 1406:15, 1408:4, 1408:7,
1408:9, 1408:13, 1408:15, 1408:17,
1409:3, 1409:12, 1409:15, 1410:1,
1410:3, 1410:11, 1410:15, 1410:19,
```

```
1410:22, 1410:24, 1411:2, 1412:2,
1412:22, 1413:24, 1414:2, 1414:4,
1414:8, 1415:4, 1415:14, 1415:16,
1415:18, 1417:12, 1418:3, 1418:19,
1418:22, 1419:12, 1419:20, 1419:22,
1422:14, 1423:7, 1423:10, 1423:19,
1424:15, 1424:21, 1424:23, 1428:19,
1428:20, 1429:10, 1432:14, 1432:25,
1433:5, 1433:7, 1434:9, 1434:11,
1434:14, 1435:22, 1435:24, 1436:3,
1437:4, 1437:6, 1437:7, 1437:8,
1437:9, 1448:5, 1448:20, 1448:23,
1449:13, 1449:16, 1449:25, 1450:24,
1451:10, 1451:20, 1451:24, 1452:1,
1452:8, 1452:12, 1453:24, 1454:12,
1454:20, 1455:4, 1455:7, 1456:3,
1456:25, 1460:17, 1460:24, 1461:3,
1461:11, 1464:2, 1465:8, 1465:13,
1465:14, 1465:15, 1468:4, 1469:19,
1469:22, 1469:24, 1472:11, 1478:23,
1481:14, 1483:5, 1483:18, 1484:15,
1484:17, 1485:23, 1502:10, 1504:21,
1506:4, 1506:6, 1506:10, 1506:12,
1506:22, 1506:24, 1507:14, 1509:2,
1509:15, 1509:24, 1510:1, 1511:19,
1511:21, 1512:10, 1512:11, 1515:22,
1516:2, 1516:6, 1517:16, 1521:13,
1522:23, 1522:25, 1528:1, 1528:3,
1528:6, 1528:8, 1528:13, 1528:21,
1529:14, 1529:16, 1533:8, 1534:16,
1534:18, 1534:22, 1536:16, 1537:10,
1537:12, 1537:23, 1539:13, 1539:22,
1540:5, 1540:17, 1541:2, 1542:21,
1543:18, 1544:6, 1544:22, 1545:3,
1545:10, 1545:12, 1549:9, 1549:18,
1551:7, 1551:12, 1552:8, 1552:10,
1552:11, 1552:12, 1552:13, 1552:15,
1552:16, 1552:17, 1553:23, 1554:19,
1555:15, 1556:4, 1556:11, 1557:25,
1558:3, 1558:23, 1560:8, 1560:17,
1561:5, 1561:19, 1561:21, 1562:4,
1562:16, 1563:2, 1563:6, 1563:7
thecal [1] - 1464:12
themselves [1] - 1341:22
theories [1] - 1305:21
therapeutic [1] - 1404:12
therapist [5] - 1346:1, 1382:22,
1385:8, 1527:12, 1527:15
Therapist [4] - 1383:2, 1383:14,
1388:11, 1390:15
therapists [8] - 1337:19, 1338:19,
1338:20, 1349:8, 1364:18, 1389:10,
1457:25, 1488:20
therapy [20] - 1351:13, 1364:24,
1365:13, 1382:24, 1383:4, 1383:12,
1388:14, 1388:19, 1388:22, 1389:16,
1390:14, 1407:9, 1426:25, 1427:1,
1478:8, 1480:17, 1481:25, 1497:10
thereafter [3] - 1350:25, 1496:8,
1554:21
```

1559:24

traumatic [19] - 1390:25, 1391:1,

40

therefore [2] - 1302:21, 1322:4 they've [6] - 1305:5, 1327:4, 1328:2, 1390:13, 1391:12, 1410:20 thigh [2] - 1358:16, 1358:21 thinking [3] - 1361:10, 1377:6, 1543:23 third [2] - 1343:1, 1404:19 THOMAS [1] - 1301:7 Thomas [4] - 1310:17, 1310:21, 1507:2 thoracic [1] - 1354:18 thorough [4] - 1359:16, 1360:17, 1507:5. 1515:8 thorough-way [2] - 1359:16, 1360:17 thousand [3] - 1316:13, 1449:5, 1449:10 thousands [3] - 1312:1, 1372:15, 1526:8 threatening [2] - 1553:8, 1561:25 three [35] - 1304:12, 1306:20, 1306:23, 1306:24, 1315:9, 1320:15, 1320:17, 1337:16, 1340:21, 1344:18, 1344:19, 1353:8, 1361:17, 1362:1, 1362:20, 1371:18, 1388:22, 1389:1, 1389:2, 1396:6, 1412:14, 1412:17, 1431:25, 1432:8, 1436:7, 1440:12, 1440:15, 1469:1, 1479:23, 1481:1, 1504:3, 1527:2, 1531:9, 1544:13, 1556:2 three-and-a-half [3] - 1388:22, 1389:1, thresholds [1] - 1498:2 throat [2] - 1485:1, 1485:5 throughout [3] - 1378:18, 1444:6, 1449:23 thumb [1] - 1430:10 Thursday [1] - 1303:24 tibialis [2] - 1362:23, 1427:6 ticket [1] - 1312:4 tigers [1] - 1479:21 tight [2] - 1465:11, 1465:18 time-wise [1] - 1545:25 timeline [5] - 1350:3, 1425:16, 1434:21, 1548:10, 1560:22 timelines [1] - 1520:6 timing [2] - 1518:5, 1557:7 tingling [11] - 1353:17, 1354:3, 1362:7, 1362:10, 1362:22, 1514:22, 1515:16, 1522:15, 1527:7, 1557:13 tinier [1] - 1360:11 tip [2] - 1404:24, 1404:25 tiptoe [1] - 1356:6 tiptoes [1] - 1356:7 tissue [9] - 1350:21, 1352:10, 1364:20, 1391:2, 1443:23, 1463:3, 1499:16, 1499:17, 1499:24 today [9] - 1308:3, 1427:25, 1459:12, 1485:17, 1520:2, 1531:17, 1540:23, 1542:13, 1549:1 toe [3] - 1356:4, 1357:13, 1362:25 toes [1] - 1357:16

together [13] - 1338:22, 1344:14, 1355:8, 1356:24, 1427:18, 1427:20, 1430:10, 1432:7, 1438:4, 1458:5, 1458:8, 1459:13, 1479:23 token [1] - 1484:25 Tom [2] - 1378:19, 1486:4 tomorrow [2] - 1499:15, 1563:4 took [10] - 1312:2, 1314:24, 1367:10, 1384:1, 1409:1, 1409:5, 1453:1, 1507:19, 1537:3, 1537:8 top [21] - 1305:16, 1315:23, 1326:22, 1355:1, 1358:12, 1358:17, 1403:3, 1432:4, 1437:19, 1462:13, 1462:14, 1462:15, 1468:18, 1472:23, 1475:7, 1505:15, 1511:13, 1518:1, 1518:3, 1535:10 topdown [1] - 1475:6 Toradol [1] - 1520:11 Torrance [1] - 1341:9 total [42] - 1313:14, 1313:22, 1314:2, 1314:6, 1316:11, 1316:21, 1317:5, 1317:7, 1317:22, 1318:4, 1320:7, 1320:14, 1320:17, 1323:6, 1350:20, 1368:11, 1368:22, 1371:20, 1374:1, 1374:3, 1377:6, 1377:12, 1393:25, 1396:24, 1396:25, 1399:9, 1412:16, 1413:19, 1413:20, 1417:5, 1417:6, 1424:10, 1431:25, 1437:7, 1438:3, 1450:18, 1458:5, 1486:22, 1496:6, 1501:10, 1501:12, 1556:13 total/total [1] - 1317:25 totally [1] - 1327:13 totals [1] - 1369:19 touch [2] - 1361:2, 1543:6 touched [2] - 1514:6, 1515:11 touching [2] - 1361:5, 1464:11 towards [2] - 1353:24, 1356:10 trace [5] - 1357:24, 1358:1, 1463:11, 1470.4 track [4] - 1305:11, 1308:1, 1309:2, 1309:9 traction [1] - 1383:5 trained [1] - 1560:14 training [19] - 1335:23, 1336:3, 1336:5, 1336:6, 1336:7, 1336:14, 1336:18, 1336:19, 1337:14, 1341:14, 1341:16, 1341:17, 1342:18, 1342:23, 1342:24, 1343:18, 1371:22, 1372:24, 1502:24 trajectory [1] - 1430:14 **TRANSCRIPT** [1] - 1300:12 transcript [1] - 1301:18 **Transcription** [1] - 1301:19 transforaminal [1] - 1417:19 transmitted [1] - 1479:24 transported [1] - 1350:15 trauma [17] - 1343:4, 1469:7, 1469:14, 1489:1, 1489:3, 1489:21, 1489:22, 1548:23, 1554:9, 1554:10, 1555:23,

1391:3, 1391:4, 1391:6, 1469:2, 1476:16, 1489:15, 1495:21, 1498:12, 1499:2, 1499:20, 1503:4, 1503:17, 1513:1, 1549:2, 1554:4, 1559:6, 1559:9 traumatically [2] - 1476:10, 1520:4 traversing [1] - 1473:7 treat [13] - 1308:12, 1336:21, 1338:22, 1400:20, 1425:22, 1426:1, 1433:11, 1476:19, 1486:24, 1487:2, 1488:21, 1530:11, 1531:24 treated [26] - 1350:21, 1400:23, 1476:22, 1477:18, 1477:20, 1477:21, 1478:6, 1498:20, 1506:18, 1525:24, 1532:3, 1533:17, 1535:19, 1535:22, 1536:13, 1536:22, 1537:7, 1537:17, 1537:25, 1538:2, 1550:21, 1551:8, 1551:17, 1552:14 treater [1] - 1534:10 treaters [2] - 1530:24, 1532:4 treating [11] - 1306:3, 1339:13, 1433:14, 1457:5, 1458:25, 1488:11, 1529:25, 1531:19, 1531:22, 1537:4, 1552:5 treatment [66] - 1305:16, 1306:24, 1307:16. 1310:21. 1322:8. 1342:6. 1344:6, 1345:7, 1349:24, 1350:6, 1350:9, 1351:3, 1351:4, 1351:13, 1355:17, 1364:11, 1371:10, 1372:21, 1373:24, 1375:8, 1376:2, 1380:18, 1380:25, 1383:1, 1383:12, 1388:11, 1390:9, 1392:20, 1393:6, 1393:8, 1393:10, 1399:25, 1400:5, 1403:13, 1406:25, 1407:22, 1416:2, 1416:7, 1416:17, 1417:1, 1417:7, 1425:4, 1425:21, 1426:25, 1433:22, 1433:25, 1447:7, 1447:19, 1448:13, 1457:7, 1457:20, 1457:25, 1458:22, 1469:9, 1476:18, 1478:1, 1479:11, 1488:22, 1516:22, 1525:15, 1525:17, 1527:10, 1533:19, 1550:11, 1558:18 treatments [13] - 1308:4, 1338:11, 1350:2, 1350:17, 1364:17, 1364:22, 1390:14, 1399:23, 1413:18, 1416:10, 1418:14, 1426:19, 1459:11 tremendous [1] - 1345:18 triage [3] - 1484:20, 1484:24, 1553:2 triages [1] - 1553:3 TRIAL [1] - 1300:12 trial [14] - 1304:18, 1323:4, 1328:19, 1331:6, 1331:7, 1332:23, 1334:3, 1334:7, 1368:2, 1368:18, 1368:21, 1531:13, 1532:18 triangular [2] - 1466:24, 1468:19 tried [1] - 1488:22 tries [2] - 1429:6, 1519:3 triple [1] - 1320:19 true [80] - 1385:13, 1444:23, 1454:22,

1558:15, 1559:4, 1559:16, 1559:22,

1432:7, 1432:9, 1433:1, 1433:11,

41

1486:18, 1487:3, 1487:17, 1489:10, 1491:8, 1493:2, 1493:15, 1493:16, 1494:6, 1494:12, 1495:16, 1499:9, 1502:21, 1502:22, 1503:18, 1505:4, 1505:14, 1506:18, 1507:4, 1507:23, 1508:14, 1508:16, 1508:25, 1509:10, 1509:17, 1510:11, 1510:12, 1510:16, 1510:18, 1510:20, 1512:2, 1512:6, 1512:8, 1513:8, 1513:10, 1514:3, 1515:21, 1517:22, 1518:4, 1521:4, 1521:14, 1521:20, 1521:23, 1522:1, 1523:7, 1523:21, 1524:1, 1524:6, 1524:9, 1524:15, 1524:22, 1524:24, 1526:7, 1526:16, 1526:17, 1527:3, 1527:4, 1527:5, 1527:8, 1528:17, 1530:21, 1531:8, 1532:4, 1532:8, 1532:10, 1532:15, 1535:8, 1535:15, 1535:20, 1536:5, 1536:9, 1536:18, 1536:23, 1537:13, 1537:21, 1545:1, 1547:22 truth [2] - 1489:11, 1531:21 try [27] - 1304:16, 1309:13, 1309:24, 1312:15, 1350:4, 1358:2, 1362:11, 1364:20, 1383:18, 1384:7, 1386:18, 1400:23, 1401:8, 1401:12, 1403:17, 1420:10, 1426:13, 1428:20, 1436:2, 1440:22, 1461:8, 1464:11, 1480:10, 1480:19, 1485:3, 1553:2, 1553:7 trying [27] - 1310:13, 1311:2, 1312:14, 1323:17, 1323:22, 1324:3, 1351:5, 1360:20, 1361:24, 1367:11, 1384:22, 1386:7, 1395:12, 1400:15, 1458:21, 1462:5, 1463:12, 1470:10, 1471:9, 1510:23, 1519:1, 1520:6, 1520:23, 1534:7, 1534:8, 1545:6, 1562:7 tucked [1] - 1452:9 Tuesday [1] - 1300:7 tumor [1] - 1485:4 tumors [3] - 1336:25, 1344:5, 1344:6 tunnel [7] - 1359:19, 1402:23, 1402:25, 1403:2, 1403:3, 1429:21, 1464:12 **Tunnel** [1] - 1403:1 turn [8] - 1359:22, 1360:19, 1376:14, 1382:3, 1386:16, 1388:17, 1450:6 turned [3] - 1320:23, 1328:2, 1329:21 turns [1] - 1386:8 twice [3] - 1330:10, 1340:20, 1343:23 twin [6] - 1548:6, 1548:7, 1548:8 twisting [2] - 1362:3, 1554:9 two [70] - 1302:3, 1303:16, 1303:17, 1303:19, 1303:23, 1304:3, 1306:23, 1312:6, 1320:8, 1321:5, 1322:12, 1325:22, 1327:13, 1330:2, 1330:11, 1343:22, 1344:19, 1347:1, 1347:3, 1349:11, 1354:22, 1360:24, 1373:1, 1386:9, 1388:24, 1390:6, 1396:8, 1398:9, 1399:9, 1403:25, 1410:23, 1413:3, 1413:6, 1420:25, 1424:3, 1424:10, 1425:20, 1430:9, 1432:6,

1433:15, 1436:21, 1436:24, 1437:4, 1462:22, 1469:1, 1469:17, 1471:5, 1479:7, 1479:23, 1482:7, 1499:23, 1503:2, 1506:18, 1514:18, 1515:23, 1522:6, 1527:1, 1531:9, 1531:11, 1543:4, 1546:1, 1546:23, 1548:6, 1548:14, 1550:21, 1553:18 two-and-a-half [2] - 1388:24, 1548:14 two-to-three [1] - 1469:1 two-way [1] - 1386:9 two-year [1] - 1471:5 Tylenol [1] - 1373:16 type [13] - 1351:16, 1369:13, 1428:12, 1489:1, 1489:16, 1490:11, 1497:8, 1509:20, 1539:15, 1540:20, 1554:9, 1554:10, 1562:21 typed [1] - 1509:10 types [4] - 1312:17, 1338:11, 1355:22, 1553:13 typical [1] - 1340:17 typically [7] - 1340:19, 1358:6, 1358:8, 1456:12, 1498:14, 1498:17, 1551:24

U

UC [3] - 1336:5, 1336:6, 1337:12

ultimately [6] - 1351:15, 1362:22,

1370:25, 1427:12, 1480:20, 1482:12

UCLA [2] - 1336:7, 1337:12

umbrella [1] - 1307:19

unable [1] - 1304:6 unacceptable [1] - 1319:8 under [37] - 1308:13, 1325:25, 1330:24, 1333:7, 1338:9, 1338:23, 1390:24, 1392:13, 1394:1, 1404:11, 1405:24, 1409:20, 1418:11, 1440:9, 1440:25, 1441:5, 1441:14, 1444:18, 1500:14, 1509:19, 1512:12, 1513:4, 1518:12, 1518:17, 1524:14, 1525:12, 1525:15, 1525:16, 1525:20, 1531:18, 1535:5, 1536:4, 1554:5, 1560:21, 1560:25 undergo [2] - 1406:5, 1407:4 undergoes [1] - 1405:17 undergoing [1] - 1546:7 undergrad [1] - 1335:25 underline [1] - 1378:13 underlining [3] - 1378:7, 1387:12, 1387:17 underlying [3] - 1549:1, 1549:4, 1552:11 understood [1] - 1532:2 UNITED [2] - 1300:1, 1300:13 United [2] - 1300:5, 1309:12 University [1] - 1336:2 unless [3] - 1311:14, 1311:19, 1485:10 unnecessary [2] - 1313:15, 1319:13 unrelated [3] - 1326:19, 1447:7, 1485:14

unusual [2] - 1471:18, 1553:13 up [105] - 1303:3, 1303:23, 1309:16, 1310:2, 1310:12, 1310:25, 1313:6, 1313:14, 1315:11, 1315:12, 1315:21, 1315:23, 1315:24, 1316:4, 1317:23, 1319:23, 1323:9, 1323:17, 1324:8, 1326:20, 1327:14, 1328:16, 1334:9, 1337:2, 1339:12, 1353:24, 1354:8, 1355:11, 1357:13, 1357:14, 1357:16, 1357:20, 1358:21, 1360:10, 1362:18, $1362{:}24,\,1362{:}25,\,1365{:}1,\,1371{:}25,\,$ 1374:20, 1381:19, 1387:7, 1387:16, 1389:8, 1389:12, 1392:16, 1406:20, 1408:18, 1409:19, 1409:21, 1410:19, 1412:16, 1413:14, 1425:19, 1427:7, 1432:2, 1433:16, 1436:2, 1436:10, 1436:22, 1436:25, 1438:3, 1438:4, 1446:16, 1446:18, 1446:23, 1447:23, 1460:9, 1461:22, 1462:19, 1464:4, 1464:6, 1464:16, 1464:18, 1465:2, 1465:22, 1467:7, 1468:17, 1468:18, 1470:4, 1470:24, 1471:23, 1479:15, 1481:17, 1481:19, 1483:15, 1485:9, 1491:10, 1496:19, 1502:3, 1506:22, 1511:4, 1511:9, 1512:13, 1523:9, 1524:2, 1526:4, 1527:14, 1531:17, 1534:24, 1535:3, 1535:10, 1538:3 updated [1] - 1448:10 upper [16] - 1421:10, 1430:8, 1461:21, 1463:10, 1464:6, 1464:15, 1470:24, 1472:16, 1474:7, 1474:16, 1474:18, 1475:2, 1475:14, 1475:23, 1500:23, upper-hand [5] - 1474:7, 1474:16, 1475:2, 1475:14, 1475:23 ups [6] - 1435:18, 1436:7, 1436:24, 1437:4, 1446:21, 1482:1 Upstate [1] - 1336:1 upwards [1] - 1323:14 urgent [1] - 1485:11 uses [2] - 1337:6, 1526:11 usual [1] - 1361:18

V

vaccination [1] - 1373:23
vaccinations [1] - 1373:21
vaccine [2] - 1373:15, 1373:23
validity [1] - 1539:19
value [6] - 1400:24, 1401:15, 1421:19, 1510:3, 1511:9, 1511:25
values [3] - 1349:9, 1349:13, 1373:18
valve [1] - 1430:21
Vargas [1] - 1303:14
variable [1] - 1373:4
varies [1] - 1340:21
various [1] - 1539:20
vary [3] - 1405:3, 1431:9, 1431:16
vascular [1] - 1336:8
vasile [1] - 1351:14

Vasile [14] - 1303:14, 1314:14, 1346:1, 1346:2, 1365:14, 1382:21, 1383:2, 1383:3, 1383:13, 1383:14, 1388:11, 1388:14, 1390:15, 1420:16 vein [1] - 1525:1 vendor [2] - 1454:3, 1456:13 vent [2] - 1403:3, 1403:4 verbal [2] - 1512:11, 1513:12 verbalize [1] - 1512:21 verdict [4] - 1334:10, 1368:1, 1368:9, verify [2] - 1510:12, 1510:13 version [1] - 1448:10 versions [2] - 1314:21, 1353:20 versus [3] - 1339:23, 1360:2, 1497:24 vertebra [3] - 1430:8, 1430:9, 1553:25 vertebrae [18] - 1354:22, 1354:23, 1354:25, 1462:13, 1462:22, 1463:1, 1463:5, 1467:2, 1467:10, 1467:11, 1467:12, 1467:15, 1468:22, 1468:23, 1469:1 vertebral [3] - 1466:22, 1468:21, 1479:23 vessel [1] - 1407:13 vessels [1] - 1430:20 victims [1] - 1406:12 video [4] - 1544:3, 1544:8, 1544:14, 1544:19 view [21] - 1309:1, 1398:9, 1400:9, 1400:21, 1402:3, 1425:25, 1429:24, 1430:21, 1436:13, 1461:25, 1463:19, 1463:20, 1464:8, 1474:13, 1474:14, 1474:25, 1475:3, 1479:3, 1487:20, 1505:10 views [5] - 1392:13, 1422:5, 1461:19, 1475:6, 1475:7 Vincent [3] - 1365:14, 1382:21, 1420:15 Vincent's [2] - 1342:13, 1343:22 violative [2] - 1302:20, 1304:20 virtually [1] - 1562:22 vision [3] - 1508:14, 1509:8, 1523:12 visit [12] - 1373:19, 1375:7, 1375:24, 1376:19, 1388:19, 1477:20, 1481:19, 1496:7, 1534:24, 1535:3, 1535:11 visits [18] - 1322:9, 1322:11, 1348:16, 1349:8, 1389:4, 1407:19, 1413:6, 1423:15, 1436:6, 1436:8, 1436:10, 1436:22, 1446:16, 1446:20, 1479:15, 1484:8 volume [1] - 1345:6 volumes [1] - 1487:23 voluminous [1] - 1347:8 vomiting [1] - 1523:13 W

WAGSTAFF [1] - 1300:20 wait [2] - 1370:18, 1495:8 waived [3] - 1385:13, 1385:16, waiver [1] - 1385:10 walk [16] - 1319:17, 1350:9, 1356:4, 1356:5, 1356:6, 1356:8, 1356:11, 1357:16, 1362:11, 1367:11, 1369:18, 1404:10, 1540:9, 1553:14 walked [1] - 1526:21 walking [2] - 1524:1, 1526:16 walks [2] - 1544:9, 1544:19 wants [2] - 1309:16, 1319:9 **WARNER** [1] - 1301:9 water [3] - 1403:6, 1462:7, 1463:7 ways [4] - 1353:20, 1356:14, 1363:22, 1559:8 weak [2] - 1358:1, 1500:7 weakness [15] - 1351:19, 1362:7, 1362:13, 1362:22, 1363:1, 1364:5, 1403:19, 1426:10, 1427:6, 1483:13, 1523:19, 1523:23, 1539:8, 1539:15, 1544:1 website [1] - 1330:5 wedge [2] - 1468:20, 1470:9 Wednesday [1] - 1563:10 week [17] - 1303:24, 1308:8, 1327:21, 1340:17, 1340:20, 1340:21, 1351:10, 1355:19, 1380:21, 1380:23, 1410:21, 1470:17, 1495:14, 1500:13, 1538:18, 1554:11 weeks [5] - 1340:22, 1352:17, 1463:18, 1469:17, 1495:9 weight [1] - 1561:2 weird [1] - 1309:2 well-controlled [1] - 1406:23 well-equipped [1] - 1405:15 West [4] - 1305:2, 1305:3, 1527:21, 1528:16 Westchester [1] - 1301:12 whatnot [3] - 1312:15, 1510:6, 1557:13 whichever [1] - 1348:14 whiplash [1] - 1476:21 white [5] - 1462:6, 1463:9, 1463:11, 1470:1, 1472:1 whole [6] - 1305:8, 1308:22, 1507:12, 1525:16, 1544:15, 1544:18 whoops [1] - 1398:12 wide [1] - 1373:4 wider [2] - 1360:10, 1360:11 width [1] - 1431:16 William [1] - 1318:17 willing [1] - 1454:24 window [3] - 1561:11, 1562:11, 1562:13

withdraw [3] - 1363:17, 1436:1, 1483:6 withdrawn [9] - 1346:16, 1374:5, 1416:14, 1419:16, 1421:7, 1421:13, 1425:1, 1471:14, 1478:4 Witness [1] - 1335:4 witness [22] - 1306:13, 1334:25, 1335:2, 1340:8, 1340:13, 1345:1, 1350:5, 1354:9, 1367:23, 1396:15, 1407:23, 1415:7, 1416:9, 1416:22, 1419:15, 1425:13, 1433:3, 1433:24, 1517:14, 1526:5, 1555:3, 1563:8 WITNESS [21] - 1335:7, 1370:8, 1370:16, 1372:13, 1391:21, 1428:20, 1437:6, 1437:8, 1449:13, 1451:10, 1465:14, 1507:14, 1512:11, 1528:3, 1529:16, 1552:10, 1552:12, 1552:15, 1552:17, 1563:7, 1564:3 witness' [2] - 1369:17, 1521:12 witnesses [7] - 1303:13, 1304:12, 1304:23, 1309:22, 1310:2, 1310:5, 1310:8 woman [1] - 1402:14 wonderful [1] - 1563:4 word [3] - 1471:6, 1526:11, 1537:8 words [16] - 1303:2, 1307:14, 1327:8, 1338:18, 1374:7, 1451:14, 1480:6, 1496:21, 1524:19, 1530:4, 1532:5, 1534:4, 1539:17, 1546:25, 1554:7,

works [3] - 1330:25, 1404:19, 1462:4 worry [1] - 1386:8 worse [2] - 1520:18, 1559:6 worst [1] - 1492:13 wound [5] - 1444:12, 1444:13, 1444:14, 1446:8, 1446:10 write [1] - 1308:4 writing [2] - 1410:16, 1410:20

1557:7

X

written [3] - 1392:2, 1481:18, 1548:25

wrote [2] - 1309:17, 1509:19

X-ray [19] - 1338:19, 1395:2, 1402:9, 1421:24, 1430:3, 1430:19, 1436:16, 1436:25, 1444:6, 1446:13, 1451:4, 1451:14, 1451:15, 1474:4, 1474:17, 1477:19, 1485:5, 1555:22 X-rays [10] - 1345:10, 1392:14, 1398:9, 1422:4, 1422:6, 1435:18, 1444:4, 1446:20, 1446:22, 1477:19

Υ

year [8] - 1360:23, 1471:5, 1481:1, 1481:18, 1481:22, 1481:24, 1481:25, 1549:15 years [24] - 1319:6, 1327:14, 1337:16, 1342:17, 1342:25, 1343:14, 1344:18, 1344:24, 1357:21, 1388:22, 1388:24,

Winn [12] - 1315:6, 1346:4, 1346:25,

1392:24, 1400:3, 1406:25, 1407:1,

1407:17, 1408:6, 1409:22, 1410:5,

Winn's [3] - 1347:13, 1348:5, 1409:3

winn's [2] - 1413:22, 1413:25

wise [2] - 1367:5, 1545:25

1418:12

_Bauta v. Greyhound Lines, et al

1389:1, 1389:2, 1480:21, 1481:2, 1481:4, 1482:14, 1491:9, 1497:7, 1544:13, 1546:1, 1546:18, 1558:18, 1559:12

yellow [1] - 1355:5 yesterday [1] - 1306:15

YORK [1] - 1300:15
York [37] - 1300:5, 1300:18, 1301:13, 1316:3, 1320:25, 1321:20, 1321:23, 1323:16, 1323:22, 1324:16, 1326:9, 1327:9, 1328:14, 1329:2, 1329:13, 1330:1, 1333:7, 1333:18, 1334:5, 1335:25, 1345:23, 1347:21, 1363:10, 1382:23, 1390:4, 1396:3, 1396:19, 1421:24, 1425:7, 1425:9, 1425:17, 1426:4, 1434:20, 1435:16, 1528:15, 1536:4

young [1] - 1480:20 yourself [4] - 1335:17, 1498:7, 1498:9, 1498:10

Ζ

zero [3] - 1328:10, 1369:5, 1369:6

zeroed [1] - 1328:7 zeros [1] - 1395:13 zip [1] - 1329:24 zone [1] - 1360:6

zones [2] - 1353:4, 1359:20

43